Clinical Lecture
ON
DISEASES OF JOINTS.

Delivered at St. Thomas's Hospital, Nov. 30, 1860,

BY SAMUEL SOLLY, ESQ., F.R.S.,
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GENTLEMEN,—The admission of a patient last week with such extensive disease of the knee-joint, of the thigh and the leg, as to require almost immediate amputation, affords me the opportunity of directing your attention to this important subject. It is a subject on which each of you will have to exercise your educated and conscientious judgment, whether you are intending to practise in London or the country, as private practitioners solely, or attached to hospitals and union houses. I desire to-day especially to point out to you where it is necessary to resort to the knife in order to save life.

Your great pride should be to save a diseased limb from an operation, and this whether the operation be of a truly conservative character, such as the excision of a joint, or the entire removal of the whole limb. You have sometimes heard me say, partly in joke and partly in earnest, that any fool can cut a leg off, but it requires a true surgeon to save it. This feeling ought to guide you, and I assure you it is very necessary to inculcate it in the present day, when there is quite a *cacoethes operandi*.

I must, however, no longer delay the details of the case which has given rise to these reflections, and you will see that they are applicable in more ways than one. My notes are taken partly by the dresser from the patient's own statements, and partly from the gentleman (an old pupil) who kindly sent the poor fellow into the hospital.

J. D——, aged forty-four, a farm labourer, applied first for medical advice on the 23rd of September, a little more than two months previous to admission. He attributes his illness to "cold taken when thatching with wetted straw." He was seized with pain on the left side of his body, which obliged him to leave off his work and go home to bed. On the following day he sent for his medical attendant, who states that he found him suffering from headache, shivering, nausea, quick pulse, and furred tongue. Notwithstanding appropriate treatment, symptoms of local rheumatism appeared in his left thigh and knee, around which point there were tenderness and swelling, followed by rigors, and a collection of pus below the knee in front of the tibia. This abscess was opened about a fortnight after the commencement of the disease, and discharged a large quantity of pus. But the supply of matter was most abundant, and fresh openings in the neighbourhood of the knee-joint were required. The skin was obliged to be divided on the outer side of it, and also in the popliteal space. The patient states that about two pints were discharged daily. Previous to these additional openings the knee-joint appeared more swollen, and to diminish after the matter was let out. This is accounted for by the fistulous opening I discovered from the knee-joint into the abscess; and this escape prevented the joint presenting the usual appearance of disease. The pain in the knee, he says, was constant during the whole of this time, and that it felt "*as if the knee-joint was going*"—most expressive is this poor man's diction. He states he could not move it in the slightest degree; where he placed it with his hands there must it lie. The patient says, "I told my doctors weeks ago that it was of no use to me; it must be cut off." He also states that it kept gradually getting worse day by day. He describes his journey from the country as being one of great agony, which I can fully understand from the distress he experienced when carried most carefully upon a stretcher from my ward upstairs to the operating theatre. He has two large bed-sores. His family history is good; his father and mother both living, the former eighty-five years of age, and in good health. He has two children, both healthy.

As soon as I saw this poor fellow lying in Abraham's ward, which was the day after his admission, when he had recovered from the excitement of the journey, I at once came to the conclusion that his limb must be removed. His countenance bespoke a long continuance of wearing suffering; his hectic cheek, sunken eye, and anxious expression spoke volumes. He looked more like sixty than forty years of age. The outline of the joint differed but little from the sound one, but there was a reason for this. A fistulous opening above the joint led into the cavity of a large abscess, but not down to carious bone. Below the joint there was a long incised wound, terminating above in a small mass of ulceration, communicating with spotted caries of the head of the tibia. At the lower angle of the wound, the tibia lay, white, but dull, denuded of periosteum, necrosed, but not exfoliated. The slightest motion of the joint put him to extreme pain. His pulse was feeble, and his tongue unnaturally red.

Under these circumstances, I felt it my duty to lose no time in telling my patient that I considered his limb must be removed in order to save his life. The poor fellow received the announcement with less surprise and horror than I expected; he only asked for time to communicate with his wife, which of course I agreed to. His calmness on the prospect of an operation being presented to him was explained this morning, when he informed me that he told his medical attendants five weeks ago that he was sure his limb ought to be cut off. As a rule, gentlemen, you will find that a patient's own feelings afford very strong proof of some serious disorganization of the joint which he thus desires to be relieved of.

When I saw him again on the Monday morning for the purpose of hearing his decision, he told me that he was desirous I should perform the operation as soon as I thought right. The wife, however, told the sister of the ward that a surgeon in the country of high standing said that there was no reason whatever for amputation, and that he ought to get quite well with his limb on. As you do not know the name of the medical man referred to, I do not hesitate to mention this fact that you may draw the necessary instruction from it. In all cases of disease where I think there can be the slightest doubt regarding the propriety of an operation, I never hesitate to take advantage of the opinion and judgment of my colleagues. But in this case I felt no doubt. Nevertheless, after this decided opinion, given deliberately by a surgeon of experience, I thought it right to ask Mr. South to see the case; for that purpose the patient was carried into our consulting-room before being taken to the theatre. Certainly, if I had any doubt before, I had none when I saw the agony the poor creature endured in being carried up-stairs into the room where we were waiting for him. The slightest motion of the stretcher was torture to him. Mr. South made a most careful examination, as also did Mr. Sidney Jones; and as their opinion entirely agreed with mine, I amputated through the thigh, after our patient had been completely narcotized by chloroform.

I performed the operation which I prefer—namely, the double flap, the anterior flap being divided by a circular incision from within outwards, and the posterior transfixed. I used Mr. Butcher's saw, as this enables the operator to give a smooth, convex surface to the bone, without any sharp edges. The bone was unnaturally hard. In making my flaps, I opened, as I expected, (and I trust that this will not delay the healing of the stump,) a large abscess, the surfaces of which I brought into apposition, in dressing the wound, by means of a roller. Four sutures brought the edges into good contact, so that no strapping was required. It is always better to do without plaster if you can, for the removal and re-application of it is one of the most painful proceedings in connexion with an amputation. I do not, in a case like this, either expect or desire to obtain union by the first intention of the whole surface of the flaps, for if such occur, it would shut up the fascial abscess of the thigh, and a fresh opening would be required. Nevertheless, I hope that a portion of the opposing surfaces will unite; but I expect that a small portion of plaster will be necessary after the sutures are removed. At present the stump looks remarkably healthy; no nasty little blush along the edges of the wound.

I must now show you the interior of the joint, and the condition of the femur and tibia beyond its limits. Nearly the whole of the investing articular cartilage covering the extremity of the femur was gone; only about an inch square left in front. Its place was supplied by a dark, bloody, carious surface. The bone was bare and soft; a portion of the cartilage on the under surface of the patella ulcerated; the head of the tibia completely disorganized; not a vestige of cartilage to be seen. Dark and ulcerated bone, with deposits here and there of pus, supplied the place of that beautiful structure which in health caps the leg bone in the knee-joint with its semilunar articular cartilages. Remnants, and small ones, of the crucial ligament.

And this was what was *once* a joint. A section through the head of the tibia exhibited the bony tissue infiltrated with pus.

This examination will, I think, satisfy any surgeon, even if he is not very deep in the pathology of diseased joints, that the individual who had the privilege of possessing this, the remains of a knee, a few days ago, would have lived only a few days more if he had continued to hold it. I was very much struck by his reply, on the morning following the operation, to my inquiry how he was. "Oh! I am much better; I have very little pain, and I slept better than I have done for the last nine weeks." His pulse was good; tongue tolerably clean, and not quite so red; appetite good; no sickness after the chloroform. He was allowed four glasses of wine, porter, and any little thing he fancied.

I thus read this history. Rheumatic fever from cold and wet, localized in the knee-joint, followed by rapid suppuration within and without. Free incisions and appropriate medicines relieve his sufferings, but cannot save the joint from destruction, the removal of which cannot be accomplished by excision, from the extensive necrosis of the shaft, and interstitial suppuration of the head of the tibia. From the history of the progress of the case, it would appear that the inflammatory action ran its course to suppuration too rapidly to be arrested by leeches and other local antiphlogistic measures. Therefore I suppose we must conclude, that though an earlier diagnosis of the extent of disease of the joint might have saved suffering by an earlier amputation, it could not have saved the limb. With regard to the diagnosis, it must be remembered that the signs of suppuration within the knee joint were masked by an early escape of the pus. This fact renders the case more instructive, for it is a rare occurrence, one which you would not readily expect, unless you looked for it as a possible contingency.

In my next clinical lecture I will talk to you regarding seven patients I have now in the Hospital, whose knee-joints have been diseased. All are nearly well; so that I hope I have succeeded, with one exception, in saving their limbs from the knife and the saw, and all their bodies from an early grave. The exception is the one whose knee-joint I excised, and who is so nearly sound, that I expect he will leave the Hospital in about a fortnight.

Practical Clinical Remarks

ON THE

EFFECTS OF ALCOHOL, OR SPIRIT-DRINKING,

IN

DISEASES OF THE LIVER.

Delivered at Westminster Hospital,

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GENTLEMEN,—Of the penalties which attach to the improvident and excessive use of fermented drinks, none are so certain and determinate as disorders of the liver. The effects produced on the nervous system by the habitual and immoderate indulgence in spirituous liquors may vary in different individuals; but the effects on the liver, if not identical in all, differ only in degree and intensity. Of twenty persons addicted to intoxication, two may suffer from delirium tremens, for it by no means follows that all will; but not one will escape the effects of disordered liver function, and ultimate disorganization of this important viscus. The study of these disorders, then, is of vast importance to the student, for they do not always present the same well-marked pathognomonic symptoms which are found in diseases of the lungs or heart, and the inexperienced may not so readily seize hold of the key to the right interpretation of the symptoms. The student will do well, therefore, to watch and note carefully those which are the most characteristic. The following, which have been recently under treatment, have been selected as typical examples of hepatic engorgement, or what may be more expressively designated as chronic hepatitis, from the abuse of fermented drinks. Before detailing these cases, let me remind you that this form of liver disease, if unchecked, invariably leads to cirrhosis, or hobnailed liver.

Hepatic dropsy, and death.

Michael S——, aged forty-six, was admitted Feb. 14th, 1860, having, a day or two previously, vomited up a quantity of blood. He complained of pain and uneasiness in the right hypochondrium, as well as at the pit of the stomach. There were loss of appetite, retching after food of any kind, and for many months past the stomach had been very irritable, and he had vomited on first rising in the morning. There was faint lemon-coloured tinge of the skin, and the conjunctivæ were yellow tinted, scarcely enough to be called jaundiced. The abdomen was hard and tense, particularly in the region of the liver. The extent of this organ, as indicated by percussion, was beyond the natural limits. Some tenderness was experienced at the margin by pressure; the epigastric region was also full and prominent, and sensitive to pressure; the bowels were tympanitic, and he suffered much from flatulence. No fluid could be detected in the abdominal cavity. He has not been able to recline on the left side for many weeks, and sleeps only on the right; if he turns to the opposite side, a dragging, uneasy, and painful sensation is produced, which lasts as long as he remains in that position. The urine has been scanty, with a pinkish deposit, for some time past, and the dejections pale, yet oftentimes black and dark. He has vomited blood more than once, but never in such quantity as just before admission. He has had jaundice, and symptoms something like the present about twelve months since. His employment has been various, principally on the river, and he appears to have indulged for years in spirits, whenever he could get them. Rum seems to have been his favourite spirit, and he never began work in the morning without a quartern. Without giving credit to him for the quantities he states that he has taken daily, there can be no doubt, that though not a drunkard, he has habitually, on an empty stomach, consumed spirits, to the detriment if not destruction of his liver. For weeks together, the stomach has not been able to retain solid food, and it is not a little singular upon how small a quantity of solid or nutritious food these spirit-drinkers sustain their physical energies, and are able to continue their daily labour. They will often tell you that for weeks they have not eaten a piece of bread the size of their hand, or meat beyond a mouthful or two. The stomach rejects almost everything it receives, except the fiery fluid, which it craves.

The characteristic symptoms, then, were the irritable stomach; frequent retching, and rejection of solid food; heavy dull aching weight in the right hypochondrium, aggravated by lying on the left side; an attack of hæmatemesis, and an icteritic tint of the skin and conjunctivæ. He was ordered blue pill and colocynth for a purge, with an aloetic draught in the morning; and he was to take, three times a day, the decoction of dandelion, with ten grains of the hydrochlorate of ammonia, and ten of the sesquicarbonate of soda, with each dose. He was cupped to four ounces over the region of the liver. The bowels acted freely.

Two days after admission, the irritability of the stomach ceased, and he was able to retain some farinaceous food. The tension, however, and pain in the hypochondriac region were unabated. The dejections were slightly more healthy in appearance; the urine became clear, and the pink lithates disappeared, and its specific gravity was 1017.

On the 20th, six days from admission, the dejections are reported to have a well-marked bile tinge in them, and the patient began to experience a relish for food. There had been no vomiting since admission. The hypochondriac region continuing very tense and hard, and the dragging uneasiness when resting immediately on the left side suffering no diminution, the hepatic region was directed to be painted with the strong compound tincture of iodine.

On the 29th, a fortnight after admission, the report states a manifest improvement. The appetite had become natural, and the patient expressed a relish for food which he had not known for the last two years. As often happens in these cases, the desire for food often exceeds the power of the exhausted stomach to digest easily what is received, and distressing flatulence often marks this period of the case. A cautious selection of food, both as to quality and quantity, and the employment of carminatives, will successfully relieve this symptom. The aromatic spirit of ammonia and ginger were added to the medicine. Several applications of the iodine paint to the right side were followed by marked improvement in the condition of the patient. For several days the lemon-coloured tinge of the skin had disappeared.

On examining the abdomen on the 2nd of March, sixteen days from admission, the surface walls of this cavity no longer

presented the hardness or fulness formerly noticed. Pressure was more easily borne, and the area of hepatic dulness was certainly within narrower limits, although still much beyond what would mark a healthy organ. No difficulty was felt on lying over on the left side, and the dragging pain had completely subsided. The bowels required management, for they were apt to get torpid; but small doses of colocynth pill, with one or two grains of blue pill, regulated this function sufficiently well. The last report stated that the dejections were assuming a natural colour.

Do not suppose that because all these symptoms have thus far proceeded most satisfactorily, that this patient's liver will return to a sound and healthy state. I fear this is too much to expect. The limits of hepatic dulness are far beyond what they should be, and any rapid shrinking of this extended area would only imply contraction and atrophy of the organ, to be quickly followed by ascites, and other evidence of obstructed portal circulation. The engorged state of the liver—the chronic inflammation as some would term it—has been relieved; but I fear the man's habits have extended over too great a period for us to hope that the liver has only been functionally deranged. By his own statement, as well as by the records of the hospital, he has suffered probably more than one similar attack; we know for certainty of one.

Now these attacks of chronic hepatitis, except in the mildest forms, terminate in the formation of organizable matter in the liver, temporary increase of size, and eventually in cirrhosis or granular liver more or less pronounced. I think my opinion will be borne out by the experience of others, that in a spirit-drinker, who has suffered from hæmatemesis, with symptoms of chronic inflammation of the liver, such as have been detailed, the liver has suffered an amount of damage which may, by altered habits and appropriate treatment, never extend beyond the limits of the first attack, but the effects of which can never be removed; the foundation is thus laid for a process of disorganization, which continues with a tardiness or rapidity directly proportioned to the abstinence or indulgence in spirituous liquors. Let me direct your attention to the nature of this morbid process, which so often speedily leads to fatal disorganization of this organ. To comprehend this process the more perfectly, you should be told that the disease is, for the most part, developed in spirit-drinkers. Persons of vitiated and intoxicated habits, who drink beer or wine, are not so prone to this form of liver disease. In them, it may be said that the nervous system is more prone to suffer. Consider the circumstances under which the alcoholic stimulus is received in either class. The spirit-drinker, for the most part, takes the raw undiluted spirit, or dram, on an empty stomach. Fasting in the morning, and at intervals through the day, the dram takes the place of the ordinary meal; for the spirit has essentially deprived the palate of its desire and the stomach of its power to digest solid food. It is well known that spirits completely suspend the secretion of the gastric fluid. The spirit thus received by the empty stomach passes at once, by absorption, to the portal vessels, and in its admixture with the blood, while passing through the liver, it appears slowly and most insidiously—for it is only when the taking of spirits fasting has become grafted into a habit that these morbid effects follow—to set up a sluggish and chronic form of inflammation along the portal canals throughout the liver. At this period the state of the liver and portal system of vessels is one of engorgement or blood stasis. This continuing, the usual effect follows—the formation and deposit of lymph in the areolar structures surrounding the portal vessels, or, in other words, in the portal canals. It is this engorgement and subsequent effusion of lymph which constitutes the state of chronic inflammation, and gives rise to the fulness and tension, and sense of weight and dragging in the right hypochondriac region.

Now this is the state in which we found the liver of this patient on his admission. In his case it was not the first attack of engorgement he had suffered, and the symptoms were, therefore, the more strongly pronounced. And that something more than congestion or hyperæmia of the liver existed, is inferred from the hæmatemesis, which never occurs till after considerable obstruction and obliteration of the portal vessels have been accomplished. Now, you will probably ask, why is it that similar effects do not follow the drunkard from other forms of alcoholic stimuli? First, in beer the spirit is largely diluted, and is, moreover, combined with glucose, and oftentimes with small quantities of unchanged dextrine and other organic matters; on all these the stomach exerts its solvent and digestive action. The alcohol thus is not so immediately carried into the circulation, nor does it exercise so poisonous an influence on the blood. Though wine contains far more alcohol than beer, yet those who drink wine for the most part consume it after meals; it is thus received during the primary stages of digestion, and its chief injury consists in retarding or weakening the digestive process, and its alcohol does not reach the liver under the same deleterious conditions as crude undiluted spirit. Here, then, is the explanation why raw spirits so frequently lead to atrophy and shrinking of the liver, and why beer or wine drinkers are comparatively more exempt. The state of the liver of this patient, then, at the present period, is that of augmented bulk from the deposit of adventitious tissue in the portal canals. The first stage of cirrhosis is, therefore, one of enlargement, from the effects of a chronic or subacute inflammatory process, which is succeeded by a deposit in the channel of the portal vessels. The subsequent shrinking or atrophy of the organ is explained by the contraction of the fibrous tissue into which the lymph is converted that was formed during the inflammatory stage. Nor is it alone by the shrinking of the adventitious tissue that the atrophy and nodular or hobnail surface is produced. Dr. Budd, in his excellent and valuable work "On Diseases of the Liver," shows that this contraction of the tissue compresses, and even obliterates, the smaller portal veins; and the parts which they supplied become atrophied or destroyed, as any organ would be the vascularity of which was diminished, and the secreting power of which was also proportionately decreased. But, in the case before us, this stage has not yet arrived; for on examining to-day (March 15th), the liver, when mapped out by percussion, occupies an area greater than natural; so that the organ at present represents the stage of recent deposit of lymph,—before its more fluid parts have been removed,—or it has become converted into fibrous areolar tissue.

The chief symptom under which the patient at present labours is imperfect digestion, expressed by flatulence immediately after taking food, and a sense of uneasiness and oppression during the primary stage of digestion. This arises from the imperfect formation of the gastric juice, originating doubtless in the impeded circulation through the liver. Whatever hampers the return of blood from the stomach through the portal system causes a stagnation or remora of blood in the gastric mucous membrane and follicles, and such a retardation impedes the secretion or formation of a perfect gastric juice. If the food, on being received by the stomach, is not immediately acted on by a well elaborated gastric solvent, it quickly undergoes molecular changes, which are more akin to chemical than to vital processes. Various gaseous products are formed, which distend the walls of the stomach, and still further impede the formation of the true gastric acid. The patient feels oppressed and heavy, and full and distended. The direction from which relief of these symptoms is to be expected is from an increased activity of the hepatic function, and this is often readily obtained at this stage of the disease by small doses of blue pill and ipecacuanha. Two grains of blue pill and one of ipecacuanha should be given every night, or alternate nights, for several doses. The object is not to salivate, but to increase the activity, if possible, of the portal circulation through an increase in the secretion of bile. This patient has always improved after a few such doses. He has throughout the whole course of treatment been taking the liquor taraxaci and the hydrochlorate of ammonia. The former is a popular remedy in all cases of hepatic derangement; but of the latter remedy I am inclined to think that its efficacy in visceral disorders is not so generally known. It does not appear to possess very strong cholagogue properties; but its action seems to promote the removal, or at any rate to diminish the condensation, of adventitious tissue, formed by acute or subacute inflammation.

As this case presents only the symptoms of the early stage, the period of engorgement and of adventitious deposit, antecedent to a further disorganization of structure, leading to cirrhosis or hobnail liver; and as the conditions—such as ascites—which characterize that advanced stage are not before us, I shall postpone to a future occasion some practical remarks as to the nature of those pathological changes, as well as to the origin and progress of the ascites which constitutes the last stage in the progress of the dram-drinker's liver. Your attention must be called to the advantage which follows local depletion in these cases. A few ounces of blood taken by the cupping-glass over the hepatic region, and followed by brisk mercurial and colocynth purgatives, is a course of treatment which experience justifies. You will find, however, that the advantages of cupping are proportioned to the period of the disorder in which it is performed. It is only when you have signs of active hyperæmia that benefit can be expected. After that period has passed, and when the portal canals may be the

seat of recent deposit, counter-irritation affords the best prospect of a remedial effect. The application of the iodine paint, as it is sometimes called (the compound tincture of iodine)—covering the entire hepatic region with this solution, is a judicious plan of treatment, and one the effects of which are illustrated in the case before us.

(To be continued.)

ON A CASE OF CÆSAREAN SECTION.

HARD CANCER OF OS AND CERVIX UTERI; SIX DAYS' LABOUR; NO DILATATION; ABDOMINAL HYSTEROTOMY; MOTHER CONVALESCENT, AND CHILD LIVING.

By JAMES EDMUNDS, Esq., L.R.C.P.E., M.R.C.S.E., &c.

EMMA P——, a tall, well-formed woman, aged thirty-eight, and of healthy family. Has been married ten years, and had two dead children, the last six years ago. Health good until within the last two years. She then first experienced severe pain in coitu, and has since been troubled with fœtid sanguinolent discharge and aching, lancinating pains in the loins, hips, and thighs, gradually increasing until now.

March 19th, 1860.—Catamenia ceased, but the discharge continued.

June 19th.—Quickened distinctly.

Dec. 4th.—Labour suddenly commenced at nine A.M., and in the afternoon she sent for the gentleman engaged to attend her.

6th.—I was requested to see her, and found projecting into the vagina a mass about two inches in diameter, hard, tuberculated, and superficially ulcerated. I had great difficulty in making out the os uteri; but with firmness and care I got the left index-finger through the mass, and managed with its tip to feel the head, my finger being then immersed over two inches in a dense, unyielding tissue, referable only to cancerous enlargement of the os and cervix uteri. Pulse about 90; pains frequent; muco-sanguineous discharge, and soft, warm, dilatable vagina. Nourishing diet, opium, and patience were prescribed. Afterwards I saw her daily: the pains continued; her pulse increased in frequency; she became much wearied, and on Sunday exhaustion was coming on, but the os had not yielded. She was a calm, intelligent woman, and I now explained the cause of her suffering and danger, gradually breaking to her the alternatives of her position—1st, exhaustion and death from obstructed labour; 2ndly, laceration of the os uteri, and probable death from arterial hæmorrhage; or, on the other hand, two practicable operations for her relief—1st, slitting up the os uteri, and delivery by the forceps or embryotomy; 2ndly, *the Cæsarean section.*

I made her fully understand each procedure, with its risks and contingencies. I told her that the first would cut through a mass of diseased tissue, immensely supplied with bloodvessels, whose mouths would be out of reach, and would bleed so largely that both herself and child would probably perish; that I thought the latter, by direct incision into the bowels, though so frightful to contemplate, was the less dangerous. I left her to consider the matter, to consult her husband and parents, and then send them round to me, when I would further explain to them, hear their decision, and arrange to meet any other medical men they might name.

Her friends came—said that she had fully made up her mind, and if I would do what I thought best in the case, that, whether she died or recovered, they also should be satisfied. I thought it expedient for the responsibility of the case to be shared by others, and Dr. Giles, of Limehouse, saw her with me at midnight.

She had now been nearly six days in labour; there was considerable discharge; the vagina was soft and relaxed; her pulse, when recumbent, was 120, sharp, and weak; and her face showed anxiety and impending exhaustion; but there was the same hard, unyielding os uteri, and careful examination showed that there was no part healthy or dilatable. I had seen two thousand cases of labour, and my mind had decided for abdominal hysterotomy. Dr. Giles concurred without hesitation, and the operation was fixed for three A.M.

We left her, and my assistant, Mr. W. P. Dukes, administered a terebinthinate enema. Three other medical friends then met us at my house, and I read through a list of instruments and programme of procedure, which was discussed and adopted, and the operation then carefully rehearsed.

I ascertained that no one present had lately been dissecting, or was likely to be a source of infection; the instruments, needles, and silk were new and in perfect order; lastly, we all cleansed our hands most thoroughly, and made our way into the bedroom in detachments shortly before the appointed time.

Mr. Edmunds, senior, Dr. Giles, Mr. Nightingall, Mr. Nelham, Dr. Meeres, Mr. Dukes, and myself were now present; and as the friends had been unable to engage a first-rate nurse, Mrs. James Edmunds had consented to be present, and take charge of sundry minor arrangements.

I now requested the four eldest to examine her most carefully; to wedge the finger through the cancerous mass, and reach the head if possible, to satisfy themselves that no fissure or dilatable part existed; and, in short, to finally decide upon this formidable operation, and share with me the responsibility of the proceeding, whatever its result. Unanimous concurrence followed, and the arrangements proceeded.

I had heard the brisk tic-tac of the fœtal heart in the left iliac fossa, where the child's back and shoulders proved to be, but could not satisfy myself of the position of the placenta. Dr. Meeres thought he heard it in the right iliac fossa, and Dr. Giles corroborated him; but I pointed out that a similar sound was also audible on the left side, and we then thought both proceeded from the respective iliacs sounding through the uterus; and as nothing like the souffle was discovered anywhere else, and through the os the head was distinctly felt to be covered by the membranes only, we conjectured that it was seated at the back or fundus, and was placed well for the operation. In fact, however, it was attached to the front of the cervix, extending across, and simulating the sounds often heard from the iliacs when the patient is recumbent. She had passed urine just before our arrival; nevertheless, I used a male elastic catheter, and drew off a teacupful of urine; then with a large silver catheter I broke through the membranes, and let out some ounces of liquor amnii.

The patient, having a warm flannel petticoat loosely tied round her waist, was now seated on the edge of the foot of the bed, her legs hanging over, and the head and shoulders resting comfortably on pillows. Mrs. Edmunds was superintending the water, basins, bath, and other fire-place arrangements; Mr. Dukes had charge of the instruments, ligatures, &c.; Mr. Nightingall and Mr. Nelham each took one side of the abdomen, to keep its wall in close contact with the uterus while the incisions were being made, so as to prevent blood or fluid from flowing into the cavity of the peritoneum, and to hold back the intestines when needful; Dr. Meeres had charge of the chloroform; and I was to use the knife.

I now most thoroughly cleansed my hands, to free them from urine or other possible contamination. The chloroform was commenced, and in a few minutes the patient was insensible. I drew her flannel down to the hips, and with a large heavy scalpel made an incision upon the inner edge of the rectus muscle, and cut into its fibres from the navel down to near the pubis, where I deepened it cautiously on account of the bladder.

I then opened the cavity of the abdomen at the middle of the incision, carefully completed it downwards, and then, making a director of my two left forefingers, I rapidly slit up the peritoneum, the knife's back being to the intestines, and its point preceded and carefully guarded by the fingers. The opening exposed the uterus, of a purplish-rosy colour, everywhere smooth and glistening, except at the top of the incision. Here a roundish projection appeared, resembling a cancerous nodule; but it yielded readily to pressure, and was, in fact, a space where the muscular tissue was absent—a sort of uterine hernia. In horses which have been staked sufficiently to break the muscular wall, but not to lay open the cavity of the abdomen, analogous bulgings are often seen. Doubtless, unexpected uterine ruptures often spring from such imperfections of structure.

I now cut into the uterus from above downwards in the median line, and its fibres retracted; but, on deepening the incision, blood gushed rapidly out. I involuntarily said, "We have the placenta," and some one else said, "She is dying;" but I instantaneously plunged the knife completely through the uterus and placenta, cutting upwards as I withdrew it. I then dropped the knife from my right hand, thrust the two left forefingers through the wound, and hooked out a portion of the placenta, drawing it carefully through, and seizing it again with the right and left hands alternately until I had extracted the whole, when I dropped it, and recovering the knife again, used the left fingers as a director whilst I slit up the uterus, as I had previously done the peritoneum.

The child was in the first position, and, relinquishing the knife, I seized the feet, and steadying the uterus with my left hand above the incision, carefully withdrew the child and passed it to Mr. Dukes, who made it cry, and separated the placenta.

As the child was drawn out the uterus embraced the head; and when this escaped, it further contracted and immediately receded, the intestines at the same moment flowing out from above in a most troublesome manner. A piece of membrane showed through the uterine gap. I tried to drag it out, but it broke away, and feeling that the membranes were adherent, I left them, but carefully pushed back into the uterus what shreds I could not tear away. The uterine wound now seemed about two inches long, only slightly gaping, of a pale flesh colour, and free from blood.

Mr. Nightingall and Mr. Nelham, on each side, now sustained the intestines most judiciously; whilst I, using my left hand to back in and guard the viscera, put in the first stitch less than an inch from the top of the incision, including no muscular fibres, only skin and adipose tissue, Mr. Nelham seizing the needle and drawing it through, whilst my hands held the intestines and skin in place. In this way the wound was closed with ten stitches of the interrupted suture—the first six of double silk, and four single threads at the intervals. The needles were three inches long, and moderately curved; the silk as large as small whipcord, and well waxed.

The abdomen being sponged, the edges were accurately adjusted, and secured with strips of non-resinous adhesive plaster on unglazed calico; then a firm roll of lint, the size of a cane, was held on each side of the incision, whilst I fixed them with plaster, so as to press together the deep parts; and afterwards a long four-inch bandage was rolled round the abdomen.

The pillows having been shifted, she was drawn up into a nearly horizontal posture, and covered with a woollen shawl, so as to be cool, yet free from draught; more clothing was to be added when she felt chilly. A drachm of nepenthe, in a little brandy-and-water, was now given to her, absolute repose enjoined, and she was to drink from a teapot beef-tea, broth, and milk-and-water, at her own discretion.

After careful examination, we estimated the entire loss of blood at about fifteen ounces.

She afterwards took mild nourishment, with fruit, and occasionally a little wine-and-water.

The after-pains were relieved by a few doses of anodyne, and the catheter was sometimes required.

On the fourth day, there was general peritonitis and constant vomiting, but the breasts filled. Ice, and nothing else, was taken by the mouth; beef-tea and anodyne per anum; and on the next day her pulse was down to 120, the sickness passing off, and the bowels responding to the presence of the long tube. At night, the plaster was softened and removed, the six principal stitches taken out, and the wound secured with plaster and bandage. The other stitches were removed on the eighth day. On the eleventh day, the wound was beautifully united; and on the fourteenth it was so firmly consolidated that coughing hurt her but little.

After the sixth day, the peritonitis gradually subsided, and the bowels and bladder acted naturally; milk continued to run from the breasts, but no lochia appeared till the ninth day, after which they were abundant. On the tenth day, she was on the sofa to her dinner; on the twelfth, she sat up for a few hours; and on the fourteenth day was convalescent, and said she had got on as well as after her former confinements.

She has since gained strength rapidly, is now suckling the baby, and doing marvellously well.

Remarks.—Irrespective of the actually successful results, we believed that Cæsarean section gave this mother a better chance than embryotomy. Therefore we incurred not the painful task of weighing the infant life against increase of maternal risk.

The position of the placenta was a curious coincidence, and, had we known it, would perhaps have deterred us from the operation; yet this case will establish the fact that, if it be done with resolution and rapidity, the placenta may be cut through and dragged out first, without losing either mother or child, and also that it is unnecessary to endanger the arteries on either side of the uterus in order to avoid it. The gush of blood which followed the second stroke of the knife left no time for consultation or even for thought, and I instinctively adapted Dr. Simpson's practice to the emergency. The placenta was transfixed a little above and to the left of its centre.

The remaining of the membranes caused much anxiety, still they seemed firmly adherent, and it was best to leave them. I think it most important that the protruding shreds were pushed carefully back into the uterus, else the peritonitis would probably have been fatal. No membranes have passed per vaginam. The lochia were delayed, though the breasts filled on the fourth day, and the milk remaining through the after symptoms sustained my hopes of her recovery. The turpentine was used to clear out the gaseous and feculent contents of the intestines, and to prevent hæmorrhage. The exclusion of all sources of infection, the purity of the instruments and sponges, and thorough cleansing of the hands, are points to which great care was given. Excepting a simple anodyne, no drugs were administered; no mercury on the one hand, and no brandy on the other. She had simple and varied nourishment with fruit.

I thought these great incisions more likely to be healed by nature in her own way than by nature under the influence of either mercury or brandy. The peritonitis, though most severe, was treated simply, and the result will confirm me in the practice.

This case will go towards diminishing the hitherto frightful death-rate of our Cæsarean operations.

Spital-square, January, 1861.

REMARKABLE CASE OF

DISPLACEMENT OF AN ENLARGED LIVER FROM TIGHT LACING;

AND OF A CASE OF

OBLITERATION OF THE VENA PORTA.

BY A. M. M'WHINNIE, ESQ., F.R.C.S.

WHILST attending a young lady with broken rib, occasioned by a fall from her horse, her mother observed that my patient's health, she thought, had suffered from the habit of tight lacing. The menstrual periods were irregular; her aspect was cachectic, and she suffered from hæmorrhoids.

On examining into the physical effects produced by the continued constriction of the chest, it was found, by percussion, &c., that the liver extended downwards far beyond its proper region; its edge could be felt below the umbilicus, where it seemed pressed down and retained by the constriction of the lower part of the chest.

This case reminded me of some notes and a sketch of the liver of a female, aged twenty-two, who had died of pleuro-pneumonia. Here, also, the lower ribs were much pressed inwards. On opening the abdomen, the liver appeared to occupy the greater part of the cavity, increased to several times its natural size; and it extended from the hypochondriac region, where the right lobe seemed to press up the diaphragm and encroach upon the chest, downwards to the pelvis; its thickened inferior border reaching to the pubes, dragging down and altering the situation and relations of most of the viscera, the great end of the stomach—as in another instance related to me—being lodged in the left iliac fossa.

The form of the liver from above downwards was altered to a greater extent than I have ever seen in the male subject, and was undoubtedly due to continued external pressure. The ill effects on the functions of many of the organs, &c., must be obvious, and it may be a question how far many of the symptoms in connexion with hysteria so eloquently described by Sydenham may not be referable to the above cause.

The return of venous blood we may imagine might be here much impeded, particularly as regards the vena porta. In connexion with this subject, I may cite the following instance of

Obliteration of the Vena Porta.

A woman, aged forty-nine, was admitted into St. Bartholomew's Hospital for dropsy. She stated that she had been in perfect health six weeks previously. The catamenia were at this time suppressed, and the case was treated slightly, with the expectation that on the return of the natural discharges she would recover. She was, however, seized with pain and stercoraceous vomiting, and died. On examination, the vena porta was found obliterated to within two inches of its entrance into the liver. The splenic and superior mesenteric veins were pervious. The gastric veins were turgid, in consequence, no doubt, of their entering the obstructed part of the vena porta. The liver was healthy, and the gall-bladder gorged with bile. Hepatic, cystic, and ductus communis choledochus were per-

vious. Hardly a vestige of the pancreas, nothing but a very few scirrhus-like lumps, was found, suggesting the idea that the obstruction might have been originally owing to a diseased state of the pancreas. The hepatic artery was of natural size.

Crescent, New Bridge-street, Jan. 1861.

ON A CASE OF APHONIA.

By CALEB C. RICHARDS, Esq.

I AM induced to report the following case of aphonia, which occurred in the practice of Dr. S. C. Reed, as I think it will not be void of interest to the numerous readers of THE LANCET:—

T. B——, aged nineteen, a carman, living in London, complained about eleven months ago of a slight cold, accompanied with hoarseness and sore-throat, with enlargement of the submaxillary glands.

March 2nd, 1860.—He applied at the Western City Dispensary for relief, and was ordered a blister to the throat, saline purgatives, with mercurials; but still the hoarseness increased, and shortly afterwards his voice left him, recurring at intervals of a day or two during the time he was treated at the above institution (which was about four weeks).

May.—He now applied as out patient at St. Bartholomew's Hospital, where the same plan of treatment was pursued—i. e., blisters and mercurials, but only with the same results, as his voice, which had entirely left him previous to his application at the hospital, had not in the slightest degree returned.

June 6th.—He applied at the National Hospital, where they prescribed for him iodide of potassium and bark. This treatment was continued for a month without benefit.

November.—Thinking of his lamentable condition, and determined if possible to get relief, he applied to the District Medical Officer; but he, thinking of the able advice obtained by him before, did not entertain the idea of benefiting him.

Dec. 11th.—He again applied, and has the appearance of perfect health; voice not returned, and the muscles of the jaw were in a rigid state. On examining the throat, the left tonsil appeared slightly enlarged and inflamed; but no syphilitic history is to be made out. It was now (taking into consideration the rigid state of the muscles) thought advisable to try the effect of chloroform. He was accordingly placed under its influence, and its effect was truly magical, as he called out for his mother most distinctly. The chloroform was now withdrawn, and he was kept engaged in conversation until its effect had entirely ceased. He went home, and agreeably surprised his friends by speaking to them for the first time for eight months, articulating every syllable.

Dec. 18th.—From continued talking during the past week his voice is to-day rather hoarse, but has not left him since its return.

From the satisfactory result obtained by the administration of chloroform, and the patient stating that he is easily frightened, may it not be reasonable to conclude that this case was one of mere hysteria?

Fleet-street, December, 1860.

THE FOLLICLES OF THE URETHRAL MUCOUS MEMBRANE IN GONORRHŒA.—M. Diday, whose name is so intimately connected with venereal diseases, has published an article, in the *Gazette Hebdomadaire* of the 9th of December last, wherein he states that he has frequently observed in gonorrhœa a rather deep follicle, with a gaping aperture, at the meatus. This, M. Diday thinks, keeps up a discharge when the rest of the urethra is getting dry. To get rid of the gleet thus produced, the author introduces into the follicle a knitting needle, which is gradually heated till the follicle is duly cauterized. M. Diday starts from this theme to point out that, in gonorrhœa, the urethral mucous membrane should not be looked upon as an inflamed surface, but as a sieve, the follicles being the holes. Hence the therapeutic efforts should be directed to force the urine, (when copaiba or cubebs are being taken,) or the fluid of the injections, *into* the follicles. M. Diday proposes, as far as the urine is concerned, to retain it in the canal *for hours* by pinching the glans, or by an apparatus leading to the same end. As to the liquid of the injections, it may be worked backwards and forwards to penetrate into the follicles. We shall certainly look for the follicle about the meatus; but as to the manner of acting upon the follicles of the canal by the urine or the injections, as above described, we would pause, from fear of the consequences which might naturally and unpleasantly follow.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo nascendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

FIBROUS TUMOUR OF THE LEFT SUPERIOR MAXILLA, INVOLVING THE ANTRUM, OF FIFTEEN YEARS' GROWTH; SUCCESSFUL REMOVAL.

(Under the care of Mr. FERGUSSON.)

DISEASES of the jaws rank amongst the most important in surgery, and require much diagnostic tact, and much skill and patient attention, to treat. The truth of this remark is fully borne out by the valuable series of cases which we have brought together on the present occasion. Their number and length preclude our doing more than very briefly to refer to them generally. Of the seven cases, the upper jaw was affected in four, and the lower in three. In two the disease was malignant—namely, Mr. Skey's and Mr. Adams' cases; and, for the present, the latter has made a most excellent and we may say remarkable recovery. In the former the operation was a partial one, and the man has no doubt succumbed since his departure from the hospital. Of the other cases, all proved successful excepting that of the coloured patient upon whom Mr. Fergusson operated. The fatal result was brought about by the exhaustion consequent upon the debilitating effects of a very severe and destructive attack of purulent ophthalmia. We would draw attention to the form of incision adopted by Mr. Fergusson, which wholly obviates the risk of any subsequent deformity. We have seen him practise this many times; and, beyond the faint cicatrix at the side of the nose, it requires very close examination to detect that of the other parts of the incision, after the wound has been united for a short time. In four of the cases—three in the upper and one in the lower jaw—the nature of the morbid element was some one of the varieties of fibrous tissue. (Such also was the kind of tumour in Mr. Butcher's remarkable case of successful extirpation of the entire upper jaw in a boy of sixteen.) All the patients were elderly, excepting Mr. Bowman's, aged twenty-seven, and Mr. Quain's, a girl of fifteen. It may be mentioned that chloroform was administered in all the cases; and we believe it is the general practice now to use this agent in operations on the jaws, although at one time it was considered to be a source of danger.

For the notes of the following three cases we are indebted to Mr. Charles S. Matthews, house-surgeon to the hospital.

G. C——, aged fifty-five, admitted May 30th, 1860, with a tumour of the left superior maxillary bone, which had first appeared fifteen years previous to his admission, about half an inch below the inner angle of the eye. This increased very slowly in size for about seven years, by which time it had only attained the dimensions of an almond. The growth was now removed by operation. From this time he suffered no pain or inconvenience from the part, and enjoyed good health until six months before admission, when the occurrence of shooting pains in the left cheek drew his attention to the part, and he discovered a small swelling in the situation of the disease which had been removed. This had gradually increased until the date of his admission, when it was found to involve the left superior maxillary and malar bones, and projecting slightly into the left nostril, somewhat impeding respiration through it. The tumour was hard to the touch, not very tender, and caused him comparatively little pain.

On June 2nd, chloroform having been administered, Mr. Fergusson proceeded to operate in the following way:—A horizontal incision was first made (in the wrinkles of the lower eyelid) from the malar bone to the side of the nose; the line of cut was then directed at right angles to the first, down the side of the nose, and, following the curve of the nostril, to the

middle of the upper lip, which was then divided by a vertical incision. The flap thus made was then reflected outwards, and the tumour exposed. This was found to occupy the left antrum, the anterior wall of which was absorbed, allowing the growth to protrude. The removal of the tumour, which was begun from the inner side, was effected without difficulty by means of semicircular bone-forceps. Part of the orbital plate of the upper jaw bone was absorbed; a large portion of what remained was removed by Mr. Fergusson, as was also part of the malar bone and the nasal process of the superior maxillary. The floor of the antrum was found quite healthy, and, therefore, left entire. The wound in the lip was then brought together, as in hare-lip, by means of needles and a twisted suture, and the rest of the wound closed by means of silk sutures.

June 5th.—All the sutures were removed, firm union having taken place. There is a free discharge from the nostril. He expresses himself quite free from pain.

The patient progressed rapidly without a bad symptom, having suffered very little inconvenience from the operation. He was discharged on the 8th of July, cured.

FIBROUS TUMOUR OF THE LEFT SUPERIOR MAXILLA, INVOLVING THE ANTRUM; REMOVAL; FATAL RESULT.

(Under the care of Mr. FERGUSSON.)

W. P——, aged sixty, a man of colour, native of and resident in Barbadoes, admitted June 2nd, 1860, with a tumour of the left superior maxilla. The swelling was first noticed twelve months ago; but for six months previous he had been suffering much pain in the part, for which he had had several teeth extracted. Patient is in pretty good health, but has been losing flesh of late. On admission, there is a hard and immovable swelling under the left eye, caused apparently by a tumour in the antrum, protruding its anterior wall. It encroaches on the left nostril, interfering with respiration through it. There is paralysis of sensation on the left side of the face and upper lip. The pain is constant and excessive.

June 9th.—Chloroform having been first administered, the two remaining incisor teeth were extracted, and Mr. Fergusson proceeded to make an incision, beginning over the malar bone, and extending horizontally inwards to the inner canthus of the eye, in the wrinkles under the lower eyelid. This was continued by a vertical incision, following the curves of the nostril to the septum of the nose, where it was terminated by a vertical cut down the centre of the upper lip. The structures down to the tumour, included in the flap thus made, were then reflected outwards. Mr. Fergusson then cut through the palatine plate of the superior maxillary bone with semicircular bone-forceps; the malar bone was then divided with the same instrument, and one or two more touches of the forceps sufficed to separate the tumour from its attachments. Various portions of diseased bone were then clipped away, amongst which was the whole of the malar bone, which Mr. Fergusson found it necessary to remove. The hæmorrhage was free, but was soon stopped by the actual cautery. An examination of the tumour showed it to be a fibrous one.

The patient bled on two occasions, but did well in other respects, being kept up with enemata of beef-tea and brandy until the 25th of June, when purulent ophthalmia occurred in the left eye, the conjunctiva appearing wrinkled over the cornea, and hypopion becoming evident.

July 6th.—The patient is much weaker. The cornea appears to have ulcerated, and allowed the aqueous humour to escape. The crystalline lens also was found sticking to the eyelashes this morning.

During the next three days the patient sank rapidly, and died exhausted on the 9th of July.

FIBROID GROWTH IMBEDDED IN THE ALVEOLUS OF THE LOWER JAW; SUCCESSFUL EXTIRPATION.

(Under the care of Mr. BOWMAN.)

G. E——, aged twenty-seven, a gardener living in the west of England. Nine years ago, a lower molar tooth on the right side became loose, and was extracted. Shortly afterwards, a tumour of the size of a hazel-nut appeared in the socket of the tooth. At the end of a year, by which time it had become of the size of a fist, he applied to a surgeon, who removed part of it by the knife, and then applied nitric acid, painting the cheek over the tumour with iodine. In eighteen months it had disappeared, and there was no return for six years. Twelve months ago, he struck his right cheek with the corner of a spade. This appears to have started the growth afresh, for from this time forth the tumour began to grow in the old situation, and soon attained its original size. It now gave him very much pain, and prevented his opening his mouth further than to admit a finger. In May last the swelling softened, and he states that large portions of the tumour came away. Since that time it has remained in its present condition.

On admission, there was externally a firm round swelling over the lower jaw, protruding the cheek. Seen from within, there is a tumour extending from the back bicuspid tooth as far back as the base of the coronoid process, and it appears to spring from the alveolar region of the lower jaw. Its upper surface is divided by chinks into three or four lobes, and there is a deep furrow down the centre, where the teeth of the upper jaw have pressed upon it.

October 20th.—Chloroform having been administered, Mr. Bowman made an incision six inches in length, commencing in a vertical direction one inch below the lip, in front of the growth, and carried it downwards and then outwards beyond the base of the jaw, curving it upwards to the extent of three-quarters of an inch, so as to embrace the whole extent of the tumour, but not so deep as to divide the facial artery. The mouth was then entered by raising the end of the flap in front, so as to make way for the saw, and the jaw was divided vertically, partly by the saw and partly by cutting forceps. The flap was next raised in its whole extent, the facial artery tied, and the mouth laid open as far as the back of the tumour. The jaw was now divided behind the tumour, as in front, by means of the saw and forceps, three or four small vessels were tied, the mucous membrane of the cheek united by two sutures to that reflected from the tongue to the alveoli, and the skin also united by a line of sutures. The jaw, which was now found to have fallen inwards by the action of the masticators of the left side, was brought into place, and maintained there by means of a gutta percha apparatus fitted between the teeth of the left side. A bandage was passed under the chin to keep the mouth closed.

The tumour thus removed was found to be of a firm fibroid and apparently simple epulis growth, imbedded in the alveolar aspect of the jaw. The original sockets of the teeth had disappeared, and the sides of the bone, as far as the lower margin were expanded laterally to the width of two inches, the terminal edges forming an irregularly shallow cup, with sides no thicker than silver paper.

The patient went on, after the operation, without a bad symptom, and was able to take fluid nourishment from the first. The sutures were all removed by the 25th, the anterior part of the wound having healed by first intention.

Oct. 29th.—The wound is discharging freely, the ligatures have all come away, and he now gets up daily. The gutta-percha socket is, however, still kept in the mouth, and he is not yet allowed to use the jaw.

Nov. 5th.—The wound has quite healed. The gutta-percha socket has been removed, and he can chew meat, though not firmly as yet. The lower part of the face is a little distorted, the left corner of the mouth being drawn downwards, and the right cheek dropping slightly from the paralysis of the portio dura; he can, however, whistle. When the teeth are clenched, the middle line of the lower jaw is seen to be opposite the middle of the first upper incisor of the right side, and he has the power of moving the lower jaw laterally to the extent of half an inch.

10th.—Improving in every respect. Discharged this morning.

ST. BARTHOLOMEW'S HOSPITAL.

CYSTIC DISEASE OF THE LOWER JAW OF TWELVE YEARS' DURATION; EXTIRPATION OF THE RIGHT HALF; RECOVERY.

(Under the care of Mr. PAGET.)

A WOMAN, aged forty-eight, was admitted, in August, 1860, for cystic disease of the lower jaw. The disease commenced twelve years before as a slight swelling of the ascending ramus of the angle. Nothing was done then, and the swelling slowly increased. Eight years from the commencement, however, the disease had increased to such an extent that she was sent to the above hospital. The growth was then as large as the one for which she was last admitted, producing a general enlargement on the right side of the jaw and cheek. Mr. Paget, on that occasion, considered the propriety of removing the bone, but as he found that the disease then consisted of one large cyst only, he merely removed the anterior wall, filled the cavity with lint, and left it to suppurate. By this treatment

THE disease was so far time cured. She remained well for two years, when another cyst was found a little higher than e first. This was treated in the same way, and she again ot well. She remained so for twelve months. The disease, owever, reappeared, and continued increasing until her admission for the third time. It now involved the right lower jaw, from the first molar tooth to the angle. Above the angle the bone could scarcely be said to exist; but there were one or two cysts. The zygoma was nearly destroyed, only a small part (two small stumps) being left. Mr. Paget made a vertical incision through the soft parts, on the right side of the symphysis, carrying it along the lower edge of the horizontal ramus to the angle. He next cut through the bone, partly by the saw and partly by the bone-cutting forceps. He divided the parts of the angle, and removed the diseased horizontal ramus. He then cleared out the remains of the cysts which occupied the position of the ascending ramus, pursuing it as high as the zygoma. The vessels requiring ligature were rather numerous. Mr. Paget, in his remarks after the operation, stated that the duration of the disease and the general features of the case clearly showed that the growth was not malignant, otherwise he should long ago have removed the bone.

MALIGNANT DISEASE OF THE UPPER JAW, INVOLVING THE ANTRUM, NOSE, AND ORBIT; PARTIAL REMOVAL.

(Under the care of Mr. SKEY.)

A cachectic man, of middle age, was brought into the operating theatre on the 17th of March, 1860, to have a tumour removed which involved the lower wall of the orbit and adjacent parts. Mr. Skey excised the eyeball, and removed piecemeal portions of a large growth which had destroyed the floor of the orbit, and perforated into the antrum and nares. Two months before this, the patient had undergone an operation in which a large polypoid mass was removed from the nose, the nostril having been laid freely open to allow of access to its base. At that time a hope was expressed by Mr. Skey that the disease was not malignant, and would not return, although, as he stated, he had some misgivings on this point. The parts healed, and the man remained without a sign of recurrence of the growth for about a month.

After the second operation, Mr. Skey stated that the very early return of the growth and its rapid increase in size left no doubt as to its true nature. The disease had originally begun in the nose, but even at the time of the first operation there was a perforation of the orbital plate of the ethmoid bone. The edges of this perforation were, however, abrupt and definite,—not broken down as if the bones were infiltrated with deposit. Mr. Skey therefore hoped that it had been caused by pressure only. At the second operation, however, both the floor and inner wall of the orbit were found wholly destroyed, and the diseased growth extended into the antrum, nose, and orbit.

Mr. Skey remarked that he had, he feared, not accomplished much by the last operation. It was, however, an exploratory one; and had he been aware before commencing it of the extent to which the disease had advanced in all directions, he should probably not have undertaken it. To have excised the bones freely would, however, have been, if not impracticable, at any rate attended with extreme risk.

The diseased portions now removed were found to be, on examination, cancerous in their nature, and were soft and vascular. The patient subsequently left the hospital.

GREAT NORTHERN HOSPITAL.

EPITHELIAL CANCER OF THE LOWER JAW, FOR WHICH ONE HALF OF THAT BONE WAS EXCISED; GOOD RECOVERY.

(Under the care of Mr. W. ADAMS.)

JAMES B——, aged forty-nine, a short, stout, healthy-looking man, was admitted Sept. 20th, 1860, suffering from a tumour of the lower jaw on the right side, evidently connected with the bone at the angle of the jaw, and involving part of the horizontal ramus. Externally, the swelling was very considerable in the direction of the bone and towards the cheek. The skin was slightly reddened, and the integuments hard and brawny, evidently from inflammatory infiltration. This induration extended a little on to the neck, but the glands did not appear to be much enlarged. Internally, when the mouth was opened, which could only be done with difficulty, great enlargement could be seen; at the back part, this evidently depended upon a growth from the angle of the bone, of a soft, fleshy-looking character, projecting upwards and backwards, and closely adapted to the right half of the soft palate. Anteriorly this internal enlargement presented only the character of a common abscess. It had been freely opened by Mr. Wallis, the house-surgeon, the day before the man's admission, and about an ounce of healthy pus let out. When first seen by Mr. Adams, this abscess was discharging freely into the mouth, and appeared to have a considerable cavity, as ascertained by passing a probe into it.

Mr. Adams considered that much of the general enlargement and induration of the integuments depended upon inflammatory infiltration, probably caused by necrosed bone, though this could not be distinctly felt; and, from the combination of abscess with the morbid growth, he took a comparatively favourable view of the case, as opposed to the idea of the malignant or cancerous nature of the disease.

History.—The man stated that between three and four months previously he perceived a small painful swelling, resembling a gum-boil, near to the angle of the jaw. At first he took but little notice of it; but in two or three weeks it increased in size, became very painful, and caused great inconvenience to the movements of the jaw. He then applied to the Royal Free Hospital, and was admitted as an out-patient. The mouth could only be partially opened, and with much pain. Two of the molar teeth on the affected side, being loose, were extracted by the house-surgeon, Mr. Hill, who states that at this time the tumour was about the size of a pigeon's egg, of a soft, spongy-looking character, and attached to the jaw apparently by a pedicle; it presented the general appearances of an epulis, and a portion of it examined under the microscope was seen to consist only of simple epithelium. The patient discontinued his attendance at this hospital, and remained without further treatment until he applied to the Great Northern Hospital on the 18th September. In the meantime the tumour had very rapidly enlarged, and the pain and inconvenience, especially as to the difficulty of taking food, were greatly increased.

After admission, the case was watched for a week, during which time the morbid growth very perceptibly increased, and a consultation was held, which resulted in four out of five of the surgeons agreeing that an external incision should be made, and as much of the bone, together with the morbid growth, be removed as might appear advisable.

On the 27th September, 1860, Mr. Wm. Adams proceeded, when the patient was fully under the influence of chloroform, to make a deep semilunar incision, four inches in length, in the direction of the bone. It was now evident that the morbid growth, which presented very much the appearance of soft cancer, traversed by bands of fibrous tissue, largely implicated the bone, which was partially destroyed at the angle, and therefore he immediately decided to disarticulate and remove the right half of the lower jaw from the symphysis, where the bone was quite sound. This was readily accomplished in the ordinary way, though in consequence of the depth to which the growth extended in the pterygo-maxillary region, the hæmorrhage was greater than generally occurs when the bone is excised for hard circumscribed tumours.

The man progressed very favourably, and without any secondary hæmorrhage or other interruption. On the tenth day he was able to eat a mutton chop, and the wound presented a healthy, granulating appearance. The thickening and induration of the integuments gradually subsided, and cicatrization proceeded favourably. On the 2nd November, the wound was nearly closed, and the man left the hospital.

At the present time (Nov. 22nd) the wound has a firmly cicatrized, contracted, and deeply puckered appearance, except at one part, where a small aperture still communicates with the mouth, like a fistulous opening; this will probably be closed in a short time. The surrounding induration has subsided in a most favourable manner.

The tumour was submitted to the Pathological Society on Oct. 23rd, and described by Mr. Adams as an example of epithelial cancer, and in a further report of the specimen, made at the request of the Society by Dr. Wilks and Mr. Holmes, this opinion was confirmed. The tumour was of soft consistence, more or less lobulated in form, and on section presented a uniform white colour, its structure being traversed by dense fibrous bands, having an irregular reticulate arrangement, forming meshes in which the soft tissue was contained. The arrangement was obvious to the naked eye, and still more so under a low magnifying power. Microscopically examined, the soft tissue, whether taken from the central portion or near to the surface, exhibited the ordinary characters of epithelial cell formation—i. e., epithelial cells of all forms and sizes, masses

of clear polygonal cells, with round or oval nuclei in some parts, and in other portions small round or oval nuclei, best seen after the addition of acetic acid. Good specimens of the laminated capsules, met with in epithelioma, were not obtained, but some rounded masses resembling these were present. No myeloid cells were seen, even in the portions of the morbid growth which extended into the interior of the horizontal ramus of the jaw. The fibrous bands consisted of simple fibrous tissue, as well as of nucleated fibres.

The tumour was intimately connected with the bone, and not only extended outwards, but had eaten its way into the substance of the jaw, entirely destroying the bone from the angle to within an inch of the symphysis, where it filled the cavity of the bone. In the operation, some portions of the bone were found nearly detached, and broke away; and this condition had probably given rise to much of the common inflammatory mischief and the abscess, which tended to obscure the diagnosis of the precise nature of the morbid growth. The bone was quite healthy where sawn through near to the symphysis.

UNIVERSITY COLLEGE HOSPITAL.

FIBROUS TUMOUR OF THE SUPERIOR MAXILLA IN A GIRL; SUCCESSFUL REMOVAL.

(Under the care of Mr. QUAIN.)

THE following case is abridged from the notes of Mr. Winterbottom, late house-surgeon to the hospital, and formed the subject of a clinical lecture by Mr. Quain.

E. M——, aged fifteen, was admitted April 28th, 1859. In the summer previous she was struck on the left side of the nose by a shutter; the face swelled, but quickly got well, and nothing was noticed till the Christmas following, when she perceived that the same side of her face was enlarged. A month later she observed a swelling on the gum, and went to a surgeon, who extracted the left lateral incisor, and afterwards lanced the gums, letting out some matter.

On her admission, there is found beneath the soft parts on the left side, along the side of the nose and below the eye, a swelling of the size of a flattened walnut. It extends inwards, encroaching on the ala of the nose, and reaches to within a finger's breadth of the margin of the lower eyelid; it covers the body and anterior surface of the superior maxillary bone, and is continued down to the gum. When the lip is raised several decayed teeth are seen—two middle incisors and one lateral; and on the left side, where several teeth have been removed, a considerable swelling is found projecting on the anterior surface of the alveolar process. This is elastic to the touch when felt beneath the integuments, and yields distinctly all over the surface. There is also a degree of elasticity at the lower margin of the gums, in the space unoccupied by teeth. There is no change in the roof of the mouth. A very slight degree of fulness is perceived in the left nostril. The glands in the right axilla have been enlarged for some time; those under the angle of the jaw are also enlarged. There is no pain, and the patient is very anxious to have the growth removed.

May 19th, 1859.—The patient being narcotized with chloroform, Mr. Quain made an incision through the integuments, extending from half an inch below the inner angle of the left eye to the angle of the mouth, and dissected back the flaps on either side so as completely to expose the tumour. The bone was then divided in the middle line, and again obliquely behind the growth. The part included by these was removed by means of a cross cut above. There was a good deal of hæmorrhage, but it was controlled by the free application of the solution of the perchloride of iron. Six hours afterwards, the flaps of skin were brought together with hare-lip pins and sutures. The nature of the tumour was believed by Dr. Jenner to be fibro-plastic.

After the operation the patient progressed most favourably. The external wound was quite healed by the 1st of July. The cavity was considerably closed by the 23rd of the same month, without the appearance of any secondary growth. There was no deformity, and the patient left the hospital. On presenting herself at the hospital on the 29th of November, she was found to have grown, her face was fuller, and the opening into the antrum was perfectly sound.

PROFESSOR BECQUEREL.—We regret to learn that this accomplished chemist, to whom medical and electric science owe much, has fractured his thigh by a fall during the late frosts.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

TUESDAY, JAN. 1ST, 1861.

REPORT OF THE COUNCIL.

IN presenting to the members of the Pathological Society the fifteenth annual report of its progress, the Council has the pleasing duty of congratulating them on the abundant evidence which exists of the continued and increasing prosperity of the Society.

The number of its supporters steadily increases. Twenty-eight new members have joined during the past session, of whom six only are non resident, making altogether 366—a total exceeding that of any previous period. The condition of the Society's finances is equally flourishing. The total receipts for the past year have amounted to £380 2*s.* 2*d.*, of which £22 1*s.* 7*d.* has been realized by the sale of "Transactions," and £2 7*s.* 7*d.* by dividend on funded property, leaving as the amount of subscriptions the sum of £355 19*s.*; of this, £27 6*s.* has been received as life subscriptions, and as fees from non-resident members,—which sum at least will, in accordance with the previous custom, be added to the Society's funded property. The total expenditure for the year amounts to £319 12*s.* 4*d.*, leaving a balance in the treasurer's hands of £126 13*s.* 2*d.*, in part for investment, and in part for the general purposes of the Society, to be carried forward to the account of the current year.

The objects which the founders of the Pathological Society had in view, as well as other objects which have appeared to be worthy of attainment in the growing experience and widened career of the Society, have perhaps never been more satisfactorily pursued than during the past session. Thus there has been a full supply of specimens of an interesting character for exhibition at the Society. Fresh exhibitors, amongst more recently joined members, have appeared at the meetings; and in this manner a different order of specimens, and frequently differing views, have from time to time been brought under discussion, with advantage to the members at large.

Again, owing to the abundance of interesting pathological topics presented for consideration, long dissertations and reports have been as much as possible avoided. A laborious scrutiny, when necessary, has been applied by practised pathologists to those specimens which have required further investigation; but the results of such labour have been prepared in as concise a form as possible—a mode of proceeding which has added greatly to the value of the "Transactions," while it has economized the time allotted to the exhibition of specimens and discussion at the meetings.

The Council cannot close this report without expressing its cordial approbation of the manner in which Dr. Ogle (who now retires, after a service of four years, from the post of Honorary Medical Secretary) has fulfilled the various duties which have devolved upon him in exercising the functions of that important office.

Finally, to all the gentlemen who have devoted themselves to the interest of science and to the welfare of this Society, the Council, in common with each individual member, owes a heavy debt of obligation; and, at the same time, it confidently trusts that the coming session may be as successful as the past, through a continued exercise of the same zeal and talent in the important and productive field of pathological inquiry.

The following is a list of the office-bearers for 1861:—*President:* Dr. Copland.—*Vice-Presidents:* Dr. G. H. Barlow, Sir John Liddell, C.B., Dr. T. Watson, Dr. C. J. B. Williams; Messrs. John Birkett, James Dixon, William Fergusson, Alex. Shaw.—*Treasurer:* Dr. Richard Quain.—*Council:* Drs. A. W. Barclay, Thomas Barker, W. D. Chowne, W. O. Markham, Charles Murchison, J. W. Ogle, T. B. Peacock, H. Hyde Salter, E. C. Seaton, R. H. Semple; Messrs. Thomas Ballard, W. White Cooper, J. G. Forbes, Jabez Hogg, J. C. Langmore, Henry Lee, John Marshall, J. J. Purnell, John Pyle, S. J. A. Salter.—*Hon. Secretaries:* Dr. J. S. Bristowe, Mr. Henry Thompson.

TUESDAY, DEC. 18TH, 1860.

The minutes of the last meeting were read and confirmed, and new members were elected.

A report by Dr. Wilks and Mr. Wood, on a Body removed from a Hernial Sac, and exhibited (for Mr. Jackson, of Wolverhampton) by Mr. Henry Thompson, was read. It resembles very closely bodies previously exhibited at the Society, especially one by Mr. Shaw, described in the sixth volume of the "Transactions." Some trace of a pedicle was seen. There was a nuclear part, and the external parts were laminated. There can be little doubt that the body was an appendix epiploica, which became detached, and subsequently covered with a coating of fibrin.

A report on Mr. Holmes's case of Amputation of an Excised Knee-joint was read by Mr. HULKE. The bones were not united posteriorly by any direct connexion; anteriorly, a partly osseous material was deposited. On examination, this was found to be in great part cartilaginous. A very small portion had been excised from the femur.

Mr. T. HOLMES, having further examined the specimen, called attention to the appearances of inflammation at the ends of the bones present, to the great thickening of the soft tissues around the joint, and to the ligamentous tissue which stretches from the femur to the tibia behind (ligament of Winslow), demonstrating the very small amount of bone that was removed from the tibia. It appeared that some diseased bone might possibly have still remained, and prevented union occurring between the two ends. The amputation was done on account of the considerable suppuration which was threatening the patient's life.

Mr. GANT recollected the appearance of the bone when he performed the excision, and believed that, small as the portion was which he removed from the tibia, the bone was healthy beneath. He considered that there were peculiar reasons for the patient's debility, which had prejudiced the success of the operation.

URINARY CALCULI.

The PRESIDENT exhibited four calculi, which he removed from the urethra and bladder of an elderly gentleman, a former patient of Sir Everard Home. He had suffered greatly, but especially during the last two years; several fistulous openings existed in the perinæum, through which all the urine passed, a stricture existing in the urethra. Mr. Fergusson removed a stone, imbedded in firm, hardened tissue, from the perinæum, about the size of a chestnut; then one rather larger; then a smaller one; and finally a small one, almost spherical, from the cavity of the bladder.

EPITHELIAL CANCER FROM THE LUNG AFTER DISEASE OF THE TONGUE.

Mr. HUTCHINSON exhibited portions of epithelial cancer scattered through the upper parts of both lungs, ten or twelve in one lung, the microscopical characters being identical with those of the original disease in the tongue. The bronchial glands, also, were affected. He believed that very few cases were on record of epithelial cancer attacking internal viscera.

Dr. E. SMITH thought the case one of extreme interest, if the epithelial cancer was deposited in the substance of the organ, and not on the free surface of a membrane.

Dr. WILKS and Mr. HUTCHINSON referred to cases in which such deposits were found in the substance of organs.

Dr. GIBB also related a case.

ABNORMAL POSITION OF THE POPLITEAL ARTERY.

Mr. CROFT exhibited the popliteal artery of a left limb descending behind the tendon of the adductor magnus, and coursing towards the inner condyle. The larger vein was in the usual position. The artery of the right limb also deviated somewhat. The condition was extremely rare.

The PRESIDENT related a case in which a bullet had lodged behind the knee joint in the popliteal space, close to the popliteal artery, passing to it between the tendon of the adductor longus and the external condyle of the femur.

SEQUEL TO A CASE OF DISEASE OF THE TESTICLE FORMERLY EXHIBITED.

Mr. HOLMES furnished the following account of the case:—A testicle was removed from a boy for rapidly-growing disease; the other testicle had not descended. It appeared on examination to be a fibro-nucleated tumour; and in one part of it some curious fragments of muscular tissue were found by the gentlemen who were deputed to report on the specimen, connected, possibly, with seminal tubes; and they also believed that the tumour was malignant, although they could not assert it confidently. The malignant character was confirmed by subsequent history; a tumour being found in the iliac fossa corresponding to the side from which the testicle was removed. Almost the whole of the abdomen was occupied by the tumour; a cyst containing three pints of fluid formed only a portion of the tumour, equal to about one-third of its entire magnitude.

Dr. GIBB exhibited a

PIECE OF NECROSED CARTILAGE EXPECTORATED IN A CASE OF SYPHILITIC LARYNGITIS.

The patient was a female, aged forty, who had been under Mr. Hart's care for iritis, and subsequently syphilitic laryngitis, with the usual well-marked symptoms. She was examined with the laryngoscope by Dr. Gibb, who found the glottis much constricted from thickening, the movements of the arytenoid cartilages wholly impeded, and the superior vocal cords irregular and jagged from ulceration. From the severity of the general symptoms and condition of the throat, it became necessary to perform tracheotomy at once. This was done by Mr. Hart, assisted by Dr. Gibb, the same day, with decided relief. It was after the operation that two pieces of necrosed cartilage were expectorated. The patient survived ten days, death occurring from pneumonia. The arytenoglottidean ligaments on the left side were found much thickened, with some ecchymosis; the glottis was eroded, as well as the superior vocal cords; the thyroid and cricoid cartilages were in a state of caries and necrosis, and the arytenoid cartilages were wholly detached. This case was brought forward to show the value of the laryngoscope in determining an immediate resort to active measures of relief, although the patient's general condition was bad.

MEMBRANOUS CAST OF THE UTERUS.

Dr. TILT exhibited a fibrinous cast of the interior surface of the uterus, exfoliated at a menstrual period by a married lady aged twenty-five years—a circumstance which had repeatedly occurred.

CLUB FOOT AND OTHER MALFORMATIONS IN A CHILD.

Mr. ADAMS exhibited deficiency of abdominal walls in the mesian line, with protruding viscera, varus of the right leg, and contraction of great toe and leg on the left, occurring in a new-born infant.

Reviews and Notices of Books.

The Composition of the Urine in Health and Disease, and under the Action of Remedies. By EDMUND A. PARKES, M.D. pp. 404. London: Churchill. 1860.

ANOTHER work on the Urine! Truly the urine is a flowing subject. We have had treatises these late years by so many chemical and physical and practical writers, and by such various commixtures of these—physico-chemicals, chemico-practicals, and chemico-physico-practicals—that the subject would surely well-nigh have been expended were it not that it is, like the current of Samuel Johnson's teapot, of the "impossible exhaustive type." We are not wanting in suggestive faculty, but we confess that six months ago, when an ambitious author asked us to suggest to him some original line of inquiry on this devitalized fluid, we were enabled, after long study, to offer him but one new suggestion, which was, to seize the fluid in its dynamic condition in various cases, and with accurately graduated tape to determine its quantity by direct linear measurement. Our friend, having availed himself of this suggestion, is working it out with the ardour common to enthusiastic natures; but as his book is deferred until the taking of the Census, in order that his calculations may embrace the widest possible survey, we can offer but a shadowy idea of its contents. Meanwhile let those who would prepare for this *magnum opus* get up all the pre-existing knowledge published in the work now before us by Dr. Parkes.

The advantage of Dr. Parkes' book lies in its aim; and its aim is, not to advance any extremely original view, like the work of our friend with the tape, but to bring together from every source all reliable information on the subject discussed, and to put the collated matter in a ready and concise form. In the Preface, indeed, we have a correct view of the character of the volume. "The title of the book," says its author, "expresses its exact nature: it is a mere enumeration of the altera-

tions in the urinary constituents under various circumstances." The author does not enter into the chemical history of these constituents, nor into the mode of determining their amount. "Works on chemistry deal better with the first subject, and the technical treatises of Neubauer and Thudichum have, for the time, exhausted the second." Further, this volume is not intended to be the only one. If its learned author lives and has the opportunity, this book will be the first of a series. In a second volume he will enumerate the alterations in the excretions from the skin, the lungs, and the intestines; and in a third volume consider the nature of the tissue changes which lead to alterations in the excretions. The thought is grand, and we, for our part, hope earnestly that it may be realized, despite the sneers of our friend of the linear philosophy.

We should be performing a very gratuitous and faulty labour were we to endeavour to describe in detail the elements of Dr. Parkes' work; still more should we err if we undertook to criticize his opinions. For Dr. Parkes, in truth, offers no speculation which we or anyone else can canvass on other data than those he himself has taken. Our duties therefore are reduced to a minimum; they consist rather in inviting attention to this cyclopædia of a specialty, than in display of argument or opposition.

The volume is made up of two books. The First Book, entitled "The Urine in Health," treats of the constituent parts of the urine; of the variations in the urine during health from physiological conditions, as by food, exercise, sleep, action of the heart, and the like; and of the variations in the urine in health from the use of medicinal agents. Book II. carries us to "The Urine in Disease." It treats, first, of abnormal constituents and urinary sediments; secondly, of the urine in acute diseases (not renal); thirdly, of the urine in chronic diseases (not renal); and lastly, of the urine in renal disease. How wide this field of research, and how important to the physician, we need not say; but we must speak to one fact positively, because we can do it honestly, that a more fairly constructed, a more laboriously constructed volume of information on a given subject has never before been placed in our hands. Unbiassed by class prejudices, by national prejudices, or by overweening reverence to names, and yet with becoming respect always at the point of his pen, Dr. Parkes, like a Christianized Shylock, has accepted nothing that is not in the bond, and strained nothing there, neither for the gratification of enthroned self-opinion, nor for hypotheses never so plausible.

We have said that it is the object of the work in hand to marshal together information rather than to comment. Now and then, however, the pages are lightened by brief generalizations on points that have gone before, and afford the writer the means, as far as is possible, of grouping into something like order the disjointed facts which he has previously brought together. A philosophical touch is thus given to the volume, which relieves entirely the heaviness of the compiled parts, and entitles its author to a position in literature, which, though by no means approaching to that of genius, or, in plainer words, to that standard of thought which outshines by its constructive excellency, and which not only makes science, but transforms it into art, is, notwithstanding, of a cast infinitely superior to that of the majority of the writers of this overwritten age.

As examples of these inductive reasonings, we may refer the reader specially from pages 78 to 81, and to the whole of the section entitled the "Urine in Typhoid Fever," extending from pages 244 to 258.

The chapter on the Variations of the Urinary Secretion by the Action of Medicines, affords a curious illustration of the facts of modern physiological science. What service this diffluent excrete has rendered to physic in the days of blue-bottle mystery; what lives have been saved by it in spite of the labeled elixir that required such noted shaking before the kidney received its contents to cast them to the dogs, let the succeeding epitome of our author's inquiries in this direction explain.

Antimony emerges, in part or altogether, by the kidneys. Its mode of combination is uncertain, and the rate at which it passes out is also unknown.

When the *salts of arsenic*, *lead*, and *copper* are taken, the metal passes off partly by the urine. *Salts of iron*, especially, augment largely the iron of the urine. *Lead*, although it may pass off in large quantities, does so much more slowly. *Copper* passes off by the urine as well as in the fæces.

Mercury passes off largely by the kidneys; but it is yet not proved that, under the influence of this drug, temporary albuminuria is a result.

Silver, in part, issues by the kidneys. The combination in the urine is not known.

Zinc, according to Sclossberger, may be detected in the urine after administration of the oxide. But the quantity is small; and, in the opinion of Heller, nil. Zinc is excreted in by far the largest quantity by the fæces.

Sulphur passes off by the urine in part, at least, as sulphuric acid, and in part uncombined.

Sulphuret of potassium, when not taken in too large a quantity, is oxydized, and appears as sulphate of potash in the urine.

Iodine appears very rapidly in the urine after being taken; and is in combination probably with sodium.

Sulphuric, *nitric*, *phosphoric*, and *hydrochloric acids*, all emerge by the kidney, and augment the acidity of the urine. This effect increases with the increase of the dose. The acids take alkali from the system: phosphoric acid seems to take potash; sulphuric acid, soda and potash. The combinations of hydrochloric and nitric acids are unknown. According to Eylandt, all these acids pass out in twenty-four hours.

Oxalic, *tartaric*, *citric*, and *acetic acids* are converted in the system into carbonates. Citric and acetic acids appear to be entirely destroyed; oxalic and tartaric in most part. All increase the acidity of the urine, chiefly by the formation of carbonic acid, which in part appears in the urine.

Benzoic acid, and all substances containing *benzoyl*, or oil of bitter almonds, cause the appearance of hippuric acid. There is now no doubt that this occurs from the combination of benzoic acid and glycin. This combination probably takes place in the hepatic cells. *Cinnamic acid*, and *balsam of tolu* which contains it, also produce hippuric acid. *Nitro benzoic acid* produces nitro-hippuric acid.

Gallic acid passes unchanged into the urine; Dr. Parkes thinks that it does not influence the elimination of urea or of uric acid. Pyrogallic acid passes unchanged.

Tannic acid passes off by the urine in the forms of gallic and pyrogallic acids, and perhaps of a saccharine body.

Uric acid and the *urates of potash or ammonia* cause a considerable increase of urea, the acid being converted almost, if not entirely, into carbonic acid and urea.

Hippuric acid passes unchanged in the urine.

Lactic acid is decomposed, perhaps even in the stomach. Whether or not it is transferred into the urine is uncertain.

Liquor potassæ passes out of the system by the urine probably in six hours, with increase of secreted water. The condition of the urea is doubtful; the uric acid is apparently unaffected; the pigment seems not to be increased; the chloride of sodium is sometimes increased; the sulphuric acid is increased; the phosphoric acid is increased, the alkali apparently passing off in combination with these acids; the free acidity of the urine is lessened.

Ammonia appears to be transformed into a salt in the body, and to pass off as such, principally as chloride of ammonium. An hypothesis has been raised that ammonia is oxydized in the system, and appears as nitric acid in the urine. Dr. Parkes records that the point is undecided, but rather favours the hypothesis. The evidence on which the speculation rests is innocent, but naturally not robust.

The *carbonates of soda* are rapidly excreted by the kidneys, and render the urine alkaline more or less quickly. The soda is probably excreted in the form of carbonate or bicarbonate. *Nitrate of soda* passes out by the kidneys; *phosphate of soda* and *phosphoric acid* have actions which bear a certain resemblance to each other. Phosphoric acid, when taken pure, passes out combined. The alkali it carries out is almost entirely potash; the acid does not take lime or magnesia. As in passing out of the system it removes potash, it might be presumed, says Dr. Parkes, that the administration of phosphoric acid would tend to carry away so much base as to "dealkalize" the body; but this presumption is incorrect, for Böcker has discovered the singular fact that the acid ($P O_5$) diminishes very greatly the elimination of chloride of sodium—to such an extent, indeed, that, in spite of the increased excretion of potash, the total amount of alkali leaving the system is diminished; the same effect is produced by the phosphate of soda. Phosphate of soda also causes a diminution in the amount of urea and of water; but phosphoric acid has no such effect. The acid increases the amount of iron; the salt does not. Phosphate of soda is not a diuretic, but the reverse.

Carbonate of potassa renders the urine alkaline. It is not yet known whether or not the potash leaves the body in any other form than that in which it entered. Although this salt makes the urine alkaline, it augments in some diseased conditions the acidity of the urine; for the acidity of the urine is found, after the salt has been left off, to be greatly increased.

Nitrate of potash is very rapidly excreted by the urine, the acidity of which it does not destroy. According to Beigel, the nitrate does not increase metamorphosis in health, nor yet act as a diuretic. Dr. Parkes does not altogether endorse this opinion.

Acetate of potash, which, as the late Dr. Golding Bird taught, was supposed to increase the excretion of urinary solids, seems, by later observations made on healthy men, to lessen such excretion. Yet certainly the acetate of potash will sometimes increase the elimination of water. The acetate is invariably transformed into the carbonate in the system, and renders the urine alkaline.

The *citrate* and the *tartrate of potash* produce, like the acetate, alkalinity of urine from the formation of carbonate; the amount of free carbonic acid is also greatly increased.

When *iodide of potassium* is taken by the mouth, iodine can speedily be detected in the urine. The salt is eventually almost entirely excreted by the kidneys. Possibly also, but the point is not proved, this salt increases the amount of urine. Iodide of potassium eliminates mercury from the body.

Chlorate of potash, in large doses, increases the acidity of the urine, and is said by Isambert to cause a more free deposit of urates and pigment.

Sulpho-cyanide of potassium passes out unchanged, and *ferro-cyanide of potassium* becomes ferri-cyanide.

The salts of ammonia pass out of the urine unchanged, and Böcker states that the chloride increases all the constituents, except the uric acid, which it slightly diminishes. The *tartrate of ammonia* does not increase the acidity of the urine.

The influence of *phosphate* and of *lactate of lime* on the urine is not correctly known.

Chloride of calcium causes an increase in the amount of lime; the magnesia is slightly increased, and the acidity is lessened.

Quinine and *cinchonine* pass off by the urine in part. In healthy persons, quinine appears in the course of two to five hours. In some diseases the excretion of the alkaloid is much delayed; this obtains in intermittents. Some quinine is always destroyed in the body, and Ranke observed that the amount of uric acid was materially lessened during the administration of the disulphate of quinine. The urea remains unaffected.

Morphia, in great part, passes unchanged into the urine. This drug, as well as opium, produces rather variable effects in regard to the amount of water; the solids appear to be always decreased.

Belladonna increases, rather than diminishes, the urinary water, the urea, and the extractives. *Atropine* passes off, in part at least, by the urine, from which it can be recovered.

Digitalis, when taken in doses of $\frac{1}{12}$ part of a grain a day, cannot be detected in the urine. Under the influence of digitalis, the water would appear to be increased, the fixed salts lessened, and the organic solids unaltered. The action of the drug differs in health from that which follows its administration in disease, a difference perhaps explained by its action on the heart and great vessels.

Strychnine passes off in part by the urine, though whether all that is taken can be recovered is not known. The effects on the constituents is also unknown. *Veratria* and *nicotia* are not proved to be diuretics.

Colchicin and *colchicum* affect the quantity of urine variably. The urea and the uric acid, the volatile salt, extractives, and earthy phosphates are all lessened, according to some observers; but the facts are not complete as a whole. Dr. Parkes sums up by saying that colchicum rather lessens than increases the water—perhaps from its action on the bowels; it produces rather a lessening than an increase of urea and uric acid, and its effect on the other constituents is unknown.

The action of *squills* and *juniper* is as yet not absolutely determined.

Salicin passes off in part by the urine in the undecomposed state, and is in part decomposed; it would seem to take oxygen from the body both by direct metamorphosis, and also by supplying sugar, which is oxydized and turned into carbonic acid and water.

When *amygdalin* is taken into the body in large quantities, formic acid is detected in the urine. *Mannite* taken by the stomach is passed in small part—one-tenth—by the urine; the remainder is decomposed either in the stomach or intestines, being converted into lactic acid. *Glycyrrhizin* goes off entirely by stool, and does not appear in the urine. *Amanita muscaria* passes off unchanged in the urine, communicating to that fluid intoxicating properties.

Copaiva consists of three parts—an ethereal oil, a resinous acid, and a neutral resin. According to Weikart, the ethereal oil does not appear in the urine, but the resinous acid (copaivic), which forms 40 per cent. of the balsam, is eliminated to a large amount. Weikart suggests that the action of this acid on the mucous membrane is attributable to its effects on the fatty acids contained in the pus-cells formed by the inflamed membrane; the cells become shrivelled, and their nutrition and growth arrested.

Creasote may, perhaps, give rise to carbolic acid, as a dark colour of the urine is sometimes seen after its use. *Turpentine* gives a violet colour to the urine; its effects on the urinary constituents are not known.

Cod-liver oil, according to Beneke, invariably lessens the free acidity of the urine; an action ascribed by him to the lessened disintegration of the nitrogenous tissues.

Cantharides, in medicinal doses, sometimes increases, sometimes decreases, the amount of urine; its further effects are as yet undiscovered.

We have thus followed Dr. Parkes through one section of his admirable work; but in such brief terms only as to convey but a poor idea of the value of the contents reviewed. Our intentions are carried out if we have conveyed to the reader the desire to read, mark, learn, and digest the whole.

Nor can we conclude without expressing, on the part of our profession, the gratification we feel in observing in this volume the sure and certain progress of legitimate and scientific medicine. Other sciences may record more brilliant and rapid discoveries; but we doubt if any science can show, in any department, an approach towards so much industrious, persevering, laborious, and deep research as is here shown in respect to inquiries on but one single specialty of medical learning. The results of Dr. Parkes' book are collated from probably not less than five thousand carefully-observed expe-

riences — experiences conducted by men deeply engaged in other pursuits, and all having, however directed, one intention, the reduction of medical science to positive truth, an intention, in this case, largely fulfilled.

In congratulating Dr. Parkes on his labours as a classical narrator of science, we congratulate also those who, however humbly, have worked for him. We ask the attention of all scoffers of physic to this epitome of science; and we direct the observation of every professional man to the work, not only that he may learn from its pages, but may feel elevated in his life by the knowledge that he possesses the brotherhood of the grand phalanx of original inquirers, whose philosophical and beneficent labours are now, for the first time, so ably marshaled by our English physician and scholar.

Smith's Visiting List, Diary, Almanack, and Book of Engagements for 1861. Fifteenth year.

THIS useful little book maintains its claims to the patronage of the profession. In addition to the Diary, &c., it contains a mass of very useful information on various subjects relating to the duties of medical practitioners.

The Dentist's Handbook and Appointments' Register. London: Baillière.

A VALUABLE little work for the dentist.

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—Mr. Griffin has been at considerable expense in printing a proposed Bill for the administration of medical relief, and, I fear, will lose his labour, as it will certainly be objected to by boards of guardians and the ratepayers generally. Would it not be practicable to endeavour to obtain from Parliament some simple alterations without the machinery of an entirely new Act? With this hope I send you a draft of a proposal submitted to some members of Parliament and to the Poor-law Board, and likely to meet with less opposition than Mr. Griffin's Bill. I am, Sir, your obedient servant,

December, 1860. W.

1. Appointments of medical officers to be permanent, with power to resign on giving three months' notice. All medical officers must be registered under the Medical Act. The qualifications to remain as at present.

2. Every medical officer must appoint a registered practitioner to act as his deputy in case of absence or illness.

3. The contract with a medical officer shall be made for a period of three years, renewable by permission of the Poor-law Board, on a fresh calculation of the three preceding years.

4. The medical officer shall, on application, attend any poor person in his district or parish.

Without an order:—

(*a*) If in receipt of permanent relief.

(*b*) If in receipt of temporary relief, either for the head of the family, or any member of it.

A list of persons comprised in the above two classes shall be furnished to the medical officer, and revised every three months.

(*c*) Urgent cases, where an order cannot easily be obtained without much loss of time.

With an order:—Any person named in such order.

5. Every guardian or overseer of the parish, and the relieving officer, may give an order for medical relief; such order to be on a printed form, and the person giving such order will be liable to pay for such medical attendance if the board of guardians, at their next meeting, shall decide that such order ought not to have been given.

6. A salary shall be fixed by the guardians, with the sanction of the Poor-law Board, for a period of three years, upon the following basis:—

For workhouses: At the rate of —— per head on the average number of inmates.

For parishes: At the rate of 2*s.* 6*d.* per case on the average annual number of cases attended by the medical officer, and returned in the half-yearly report—where the parish is within one mile of the residence of the medical officer; at the rate of 3*s.* 6*d.* per case, as above, where the parish exceeds one and is less than three miles distant; at the rate of 4*s.* 6*d.* where more than three miles distant.

The above payment shall include attendance on all medical and surgical cases, except puerperal cases; and the medical officer shall provide all proper medicines and ordinary surgical appliances,* except cod-liver oil, leeches, and quinine, which shall be supplied, on the order of the medical officer, by a chemist appointed by the guardians.

Midwifery and puerperal† cases are to be paid for at the following rates:—

(*a*) For each case at a distance of less than one mile from the medical officer's residence, 10*s.*

(*b*) Beyond that distance, £1.

7. For the better treatment of the poor, a medical officer shall be allowed to obtain a consultation with any duly-registered practitioner, the consent of a guardian or overseer of the parish being first obtained; and the guardians shall pay the practitioner so consulted the sum of 10*s.*, if the consultation is held within one mile of his residence; £1, beyond that distance.

RAPID LABOUR.

To the Editor of THE LANCET.

SIR,—I see recorded in the last two numbers of your journal some cases of rapid labour; will you allow me to mention two which have happened in my experience?

About eleven years since, while officiating as surgeon to an emigrant ship, I was summoned from the deck to a female passenger who was taken in labour. Before I could get to her, or she could be removed to the hospital cabin of the ship, the child was born; and at the time I saw her she was standing with the child (a small one) hanging by the funis between her legs. There was no hæmorrhage, and both the mother and child did well.

The other case occurred about three years since. I was called to a patient residing scarcely a stone's throw from my house, about twelve o'clock one night. When I arrived, I was told that she and her husband were sitting by the fire, when, without any previous warning, both child and placenta were expelled on to the hearth-rug. The babe was living, and the mother, who had been immediately removed to bed, recovered without an untoward symptom.

I am, Sir, your obedient servant,

Ixworth, Jan. 1861. HENRY TAYLOR, M.R.C.S.

To the Editor of THE LANCET.

SIR,—Having read two extraordinary cases of rapid labour reported in your journal,—one by Dr. Wordsworth Poole, of Birmingham, and the other by Dr. Smallman, of Liverpool,—perhaps you will be good enough to spare me space to narrate a similar case which occurred to my own wife.

On the 4th of October, 1859, my wife retired for the night at eleven o'clock. She had not been in bed more than a quarter of an hour when she experienced, as she said, a slight pain in the stomach. I got up to procure a light, feeling convinced that her labour was approaching. I hurriedly attempted to dress myself for the purpose of calling my groom to ride to Canterbury for Mr. Major, a distance of three miles and a half, as I had engaged him to attend; but her pain increasing so much and so quickly, she begged me not to leave her. I then called my servant-maid to run for the nurse, who was then living not more than three hundred yards off; but before she and the servant arrived, I had the infant nearly dressed—a fine boy, who is now running alone. The whole process of labour, including the expulsion of the placenta, was under a quarter of an hour by my watch; and my wife had no unfavourable symptom of any kind, and was up at the end of a fortnight as though nothing had occurred. She has many times told me that she did not know what labour was. Her age at that time was thirty-nine. With her first child, in 1857, she was not more than one hour in labour, from the commencement to the termination. I think it right also to mention that the length of the funis of the second child was four feet two inches. I am, Sir, yours truly,

GEO. SELWYN MORRIS, M.D., M.R.C.S., &c.

Summerhill-road, Tottenham, Dec. 1860.

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* Such as splints, bandages, oiled silk, and the use of surgical instruments, catheters, bougies, &c., exclusive of special apparatus for the treatment of deformities, &c., trusses, suspensories, pessaries, elastic bandages, stockings, &c.

† Puerperal cases will include removal of the placenta, or any portion thereof; attendance in cases of hæmorrhage where the woman has been pregnant more than three months; and attendance for any puerperal affection occurring within two weeks from the date of confinement; or for attendance in case of hæmorrhage, convulsions, or other puerperal affection, either before or after childbirth.

THE LANCET.

LONDON: SATURDAY, JANUARY 5, 1861.

THE new year opens auspiciously when we enter upon it with good resolutions; still more auspicious is it when those resolutions have taken the name of action. The College of Physicians, which has spent the past year in framing excellent resolutions, has determined to inaugurate the year 1861 with a great practical reform that will mark an epoch in the history of Medicine in this country. Abandoning the narrow policy of representing the select body of pure physicians, the College is about to resume the broader and more useful position of head of the practitioners of physic in England. The College of Physicians will again stand in the same relation to the practice of Medicine as that which is held to Surgery by the College of Surgeons. The natural result will be the gradual extrusion of the Apothecaries' Society from the recognised medical corporations, and its relapse into its original character of a trading company. At one time it was hoped that the two Colleges might unite to form a joint examining board for the purpose of granting a complete qualification to practise in Medicine and Surgery. This project, which has been successfully carried out in Edinburgh and Glasgow, fell to the ground, through, it is said, the fears of the College of Surgeons of losing a portion of its emoluments. Rather than this, Lincoln's-inn-fields would keep up a spurious connexion with Blackfriars. This, the most desirable project, having failed, the College of Physicians did not shrink from its duty; it resolved to do that separately which it could not do in concert. Hence the reinstitution, on a new basis, of the old order of Licentiates in Physic. Here, again, it was menaced by the Apothecaries' Society, which, stupefied probably by the vapours ascending from the drug-stores, imagined that it possessed in the Act of 1815 a monopoly in the medical practice of the country, and was unable to discern the long-existing prior rights of the College founded by Henry VIII. The Apothecaries' Society threatened legal proceedings; it thought to deter by caveats, and proceedings in equity and law. Grown more temperate, it craftily proposed a friendly suit on a stated case between the two contending bodies. The College adopted the principle of action advocated by this journal: it declined to subject a right it unquestionably possessed and exercised to suspension and perhaps to embarrassment, by submitting to an appeal to the Courts. It determined to act upon its powers, and to leave to those who might be so advised to call those powers in question. For centuries it has enjoyed the privilege, under charter, of creating Licentiates in Physic, with ample powers to practise in England and Wales. In recent times it has thought fit to place certain restrictions upon its Licentiates by the enactment of Bye-laws. But these restrictions and Bye-laws were strictly intra-collegiate. As itself had made them, so it could unmake them. It was at perfect liberty to strike out these restrictions, and thus to open the grade of Licentiates to the entire body of the profession. This the College has done. It has hitherto made Licentiates whom it has debarred from dispensing medicines; it will now make Licentiates who will not be so debarred. The legal position of the new Licentiates will be as strong and as unassailable as that of the older. In every way the profession will gain. If it be urged that the Licentiates have no voice in the government of the College and no corporate character, neither have the Members of the College of Surgeons nor the Licentiates of Apothecaries' Hall.

We publish, *in extenso*, the amended Bye-laws relating to the Licence. They may be regarded as a supplement to the Students' Number. Hitherto only a small section of the profession was interested in the proceedings of the College of Physicians. These regulations interest every student, every teacher, and every practitioner in the kingdom. They define the conditions under which the licence shall be granted; the general and professional education that shall be pursued; the scope of the examinations to be passed; and the terms of the licence itself. The terms of the licence deserve especial attention. The President, "under the authority given to the Col-"lege by Royal Charter, grants to C. D., who has satisfied the "College of his proficiency in the science and practice of MEDI-"CINE AND MIDWIFERY, its licence, under the said charter, to "practise Physic." Here we see Obstetricy incorporated, as it ought to be, as a part of the practice of Physic, and made an integral constituent of the qualifications of the licentiate. It is not regarded, as by the College of Surgeons, in the light of a subsidiary and scarcely legitimate branch of Medicine, as something which, like the licence in Dentistry, can be dealt with as a specialty, and made the means of raising an extraordinary revenue from the profession. The full importance of Obstetrics, as a department of practice equal in honour to Medicine, is fairly acknowledged. Obstetrics, which may be said to be barely admitted to stand on the threshold of the College of Surgeons, is assigned an honourable place in the College of Physicians.

We could have wished that greater care had been taken to mark this recognition of Obstetrics in the curriculum, by requiring an extent of study and instruction more commensurate with the range of scientific and practical knowledge to be acquired. It has never been our custom to advocate the enforcement of attendance upon lectures, or to substitute lecturers' certificates for examination as tests of proficiency; but we think consistency should be observed. The College requires in Medicine two years' clinical study; nine months' attendance upon clinical lectures; and twelve months' lectures on the Principles and Practice; whilst it is satisfied with six months' clinical study in Diseases of Women, attendance upon twenty labours, and a three months' course of lectures. The case is by no means met by urging that the examination will set all right; that if extensive knowledge of Obstetrics be required by the examiners, candidates must come prepared; and that, therefore, it does not matter if the required term of study be short. Students and the public will surely judge of the relative estimation in which the different subjects are held by the direct indication afforded by the relative length of study required. No board of examiners has a right to expect greater knowledge of a subject than can be acquired by diligent study during the time it has laid down as necessary for the purpose. The curriculum will be adopted as the index of what is demanded; and the examiners will find it impracticable to obtain more. As three months are to twelve, so will be the relative importance of Obstetrics and Medicine. Besides, the argument applies equally to both. If length of study is of secondary importance, and examination

everything, three months' lectures will do as well for Medicine as for Midwifery. But it is well known that a certain space of time devoted to observation is absolutely necessary as regards both Medicine and Midwifery, and hence a definite period of time is prescribed as a guarantee against book-cramming. These or other arguments have been most ably urged in the College by Sir CHARLES LOCOCK, who is entitled to speak with all the weight which long experience in practice and as an Examiner can give to a man of great sagacity and acquirements. His views were supported by Dr. FERGUSON and by almost all the eminent obstetric physicians in the College. They felt that the College of Physicians, which had admitted Obstetrics as an integral part of its licence, should mark its sense of the importance of this department of Medicine to the general practitioners emphatically. The course taken by the College of Surgeons was no precedent for the College of Physicians. The natural home of Obstetricy was the College of Physicians, and there it should receive due honour and ungrudged encouragement. That Obstetrics can hardly flourish in connexion with Surgery is sufficiently indicated by the actual state of the profession. The College of Surgeons, even while seeking to make Obstetrics an appanage of its own, was compelled to select its Examiners in Midwifery from amongst the Fellows of the College of Physicians. No doubt is entertained that the Bye-laws in relation to this subject must be revised.

The remainder of the Bye-laws call for little comment. We are glad, however, to observe that facilities are given for the admission of practitioners of standing. Registered practitioners will have to undergo an examination in Medicine and Midwifery only.

One admirable feature of the examinations is adopted from the scheme of the University of London. The candidate's knowledge of Practical Medicine will be tested by requiring him to examine persons labouring under disease.

The Bye-laws also declare the sentiments of the College on the vexed question of titles. The Licentiate as such is not to assume the style of "Doctor of Medicine." But surely it is better to be a Licentiate of the College of Physicians than a Licentiate of the Apothecaries' Company!

We commend the Bye-laws to the careful perusal of students and practitioners, and heartily rejoice at the prospect of their being speedily in full operation.

SHORTLY after the transmission to England of Lord DALHOUSIE'S Minute, and at the conclusion of the Crimean war, the condition of the Medical Department of Her Majesty's British Army was brought prominently before the notice of the home Government, and a Royal Commission was appointed to report on the state of the troops. After a very lengthened investigation, the Royal Warrant of the 1st of October, 1858, was issued, improving in every respect the general position and status of the medical officers of Her Majesty's British Army. It gave them those advantages of relative rank which they had so long in vain sought for, bestowing also upon them increased rates of pay and pensions, and making their position much superior, in a pecuniary point of view, to that of their military brethren holding corresponding grades of rank. The result of this Warrant has been most satisfactory, and the State will, no doubt, reap the advantage in a more efficient body of medical officers, devoted to their duty, and contented with, and proud of, their position. Almost simultaneously with the issue of this Warrant, the troops of the Honourable East India Company were transferred to the Crown, and were thenceforth designated Her Majesty's Indian Forces. The Indian Medical Service naturally expected, that if not assimilated in every respect to Her Majesty's British Medical Service, they would at least be permitted to participate in the advantages of superior rank, pay, and pensions, conferred by the Warrant of 1858 on their brother officers of the Home Service, with whom they are constantly associated in matters of duty when on service in India. So far, however, from this being the case, it remains to be shown how grievously they have been disappointed.

The above Warrant was followed by that for the medical officers of Her Majesty's Indian Army, *professing* to place them on the same footing, and confer on them similar privileges. In reality, however, it fell so far short, that the present Viceroy, Lord CANNING, declined to publish it, and returned it for revision to Her Majesty's Secretary of State for India, Sir CHARLES WOOD. It was not, therefore, till the 13th of January, 1860, that this revised Warrant was issued, and although freed from many of its objectionable points, it still leaves the officers of the Indian Medical Service in a very disadvantageous position relatively to that of Her Majesty's British Army. It is to be hoped that the subject will now be taken up, and liberally viewed. Indeed, the Secretary of State for India, in his letter which accompanied the Warrant, promises that the omissions shall be reconsidered in connexion with the question of the organization of the Army, and for which purpose a Committee is, we believe, now sitting, presided over by Lord HOTHAM.

In noticing the various disparities subsisting between the two Warrants, and commencing with the designation of the officers at the head of the Medical Departments of the armies of Bengal, Madras, and Bombay, the retention of the title "Director-General," held by those officers, is objected to on the ground that it is inexpedient to continue to them a title which designates the same department of the British Army. There seems no good reason for withholding the title. All other departments of the Army retain it, as the Adjutants-General, Quartermasters-General, &c., and why should there be a necessity for withholding the same privilege from the Medical Department, and substituting the title Principal Inspector, at each Presidency. They have, at the same time, been made liable to supercession by any Inspector-General of Her Majesty's British Army, of a junior date of commission, who may be ordered out to India, owing to the inferior rank.

With reference to the next grade of medical officers—viz., the Deputy Inspectors,—a very marked difference has been made between the two Services, in attaching a *commission* to the ranks of Inspector-General and Deputy Inspector-General in Her Majesty's British Army, while in the Indian Army they appear to be considered as merely temporary staff appointments, which carry with them only temporary rank.

Proceeding to the next grade, that of Surgeon-Major, we find that this new rank has been assigned in so unfair and unjust a manner that every surgeon in H.M.'s Indian Army who entered the Service prior to January, 1840, has been superseded by his juniors in H.M.'s British Army. All surgeons in the latter who had entered the Service before Oct. 1st, 1838, were promoted to the rank of Surgeon-Major on Oct. 1st, 1858.

Those of H.M.'s Indian Army who, on Jan. 13th, 1860, had completed twenty years' service in India, were made Surgeons-Major. Thus many surgeons, all, indeed, who entered the Indian Army as far back as 1825 and 1826, have, by these most unfair rules, been superseded by every surgeon in H.M.'s British Army who entered the Service prior to January, 1840. Surely, such glaring instances of unfair dealing will not be perpetuated by a Royal Warrant, the avowed object of which is to assimilate the two Services, and "*to place them on precisely the same footing as to designation and relative rank.*"

Service on full pay in H.M.'s British Army includes all leave of absence, whether on private affairs or sick certificate; but service in India is exclusive of furloughs and sick leave to Europe. Even the annual two months' leave allowed to all officers is seldom taken advantage of by the medical officers, as such is obtainable only when a substitute can be found and remunerated for his trouble. But the colonel of a regiment hands over his charge or command to the next below him, (and so with all other ranks,) enjoying his periodical leave without trouble, or loss of any part of his allowances.

THINGS that everyone is aware ought to be done, and that nobody will condescend to insist on or to do, present a large field for the exercise of original talent; but as the result is usually highly practical and useful, Fame seldom rewards the effort, or even acknowledges the labour bestowed. She is true woman, and most regards that which she least understands; there is no dearth, therefore, of ambitious aspirants seeking to unravel great mysteries. Philosophers are scattered in light skirmishing order over the whole face of creation. Ascend to the heavens, and they are there "watching the flight of the light," teasing out nebulæ, or fighting over the sponsorship of new planets. Go down into the sea, and they are there also, dredging and drudging and magnifying themselves by magnifying foraminiferæ. The past and future have alike their schools. Tellurian philosophers are busied in settling how the world misbehaved herself about certain axial rotations in ages long ago; and Dr. Tribulation Cumming has decided that the end of all things is only five years off, and is reported to have taken a house on a lease renewable considerably after the day of judgment. But whilst the high grounds of philosophy have thus been long occupied, apparently to the great satisfaction of all concerned, there remained certain common-place subjects affecting the lives of individual human beings which were unaccountably overlooked. We suppose great philanthropists and metaphysicians must be excused if, in their abstract interest in human nature, and with their big sympathies for the whole race of mankind, they forgot the saving of human life, and left it for mere drain-trappers and fever-hunters to produce that startling diminution of deaths in London lately recorded by the Registrar-General. For we do not hesitate to attribute very much of this satisfactory result to a practical application of that great lesson as to the importance of small things, physically as well as morally, which is so enforced throughout the whole system of creation, equally in the building up of the coral reef and in the construction by cell-growth of an animal or a tree.

Very many human beings were dying yearly in London from the influence of numerous causes, each in itself so trifling as scarcely to attract attention. An untrapped drain, or an open cesspool, was so common a thing, had existed so long, and become so familiar, that anyone suggesting the possibility of its having to do with the general mortality, was looked on as a croaker and bigoted alarmist. The first work of the medical officers of health was to attack vigorously all the sources by which the air was poisoned with subtle emanations. The number of instances in which this interference was necessary almost exceeds belief. In some districts the pollution-depôts and stink vents were to be numbered by thousands. We have no wish to confuse together the *post* and *propter*, but cannot honestly attribute to any other cause than the labours of the medical officers of health that marked diminution of the death-rate which began with their early efforts, and of which still more remarkable evidence is presented as the work proceeds.

In the quarter ending September 29th, the deaths in London were less by 3094 than in the corresponding period of the previous year. And in the last quarter of the year we now learn that the death-rate has been less by 1109 than the corrected average mortality for that time during the ten previous years. From some cause, it has therefore resulted, as far as human knowledge can determine, that there are now alive 4203 persons who would have perished during the last six months, but for some important sanitary provision by which the cause of risk to their lives has been either diminished or removed. We repeat, that no explanation seems to satisfactorily account for this diminished mortality, but that which recognizes the vast importance to public health of abolishing sources of danger overlooked or disregarded because of their slight individual influence, and which teaches us how practical is the poet's counsel, that we

> "Think nothing trifling, though it small appears.
> Sands make the mountains, moments make the years,
> *And trifles life.*"

Medical Annotations.

"Ne quid nimis."

MAN ZOOLOGICALLY DEGRADED.

THE old but ever new discussion of the place and dignity of man in the animal scale will again be agitated in consequence of an article by Mr. Huxley in the first number of the *Natural History Review*, which commenced its existence with the first day of this new year. Mr. Huxley was known to sympathize with the views of Mr. Darwin as to the variations of species effected by natural selection; and the suggestions afforded by the arguments in this paper will not be without a disquieting influence on the minds of those who will see here a hint, such as most assuredly will not be lost, for the extension of that doctrine by its supporters to the regions of anthropology.

The greatest anatomists of modern days have thought that, with the progress of knowledge, the perception of the essential distinctions of man from those animals nearest to him in the scale, became more clear and definite. Linnæus had been content to range man, *Homo*, in the same generic rank (*primates*) with *Simia*, *Lemur*, and *Vespertilio*—ape, lemur, and bat. Blumenbach and Cuvier elevated man into the highest and distinct order of *Bimana*—two-handed. Professor Owen, going beyond his illustrious predecessors in the assertion of the anatomical dignity and nobility of the anthropoid type, raised man into a sub-class—*Archencephala*,—because "his psychological powers, in association with his extraordinarily-developed brain, entitle the group which he represents to equivalent rank with the other primary divisions of the class *Mammalia*, founded on cerebral characters." These cerebral distinctive

characters are laid down by Professor Owen to consist essentially in the posterior development (third lobe) of the cerebellum, together with possession of the posterior cornu of the lateral ventricle, the "hippocampus minor."

Mr. Huxley comes now, with great erudition and dialectic ingenuity, to take from us our pride of brain, and to declare that neither in brain, bones, muscles, nor viscera, does man differ so much from an ape or a lemur, as one quadrumanous animal from another. This conclusion he formally announces at the end of the present paper, and expresses his intention to consider next whether man ought not to be degraded to the Linnæan order of *Quadrumana*. We may probably anticipate the fate which awaits our species in the relentless hands of Mr. Huxley; nevertheless we shall not be expected to resign our posterior lobe without a contest, or to submit to be robbed unmurmuringly of the peculiar glories of our hippocampus minor.

DE OMNIBUS REBUS.

IT does not imply very advanced age to remember the *début* of the first London omnibus on its stage; even single ladies venture to recollect the period, adding, of course, that they were quite children at the time. But no one would have been rash enough to prophesy in 1829, (when Shillibeer's experimental vehicles started), that in forty years their wheels would undergo such great revolutions, and omnibuses so increase in number and traffic as to make them highly important to trade and comfort, and lead a scientific journal to suggest special interference for better protection of the millions travelling by them. The subject, however, does in truth assume the dimensions of one in which public safety is involved, when it is remembered that the welfare of no less than three hundred millions of passengers yearly is concerned (the number is really *below* the mark), and that very many accidents do annually occur from remediable causes.

We doubt whether even a bishop so smashed in a railway accident as to be picked up in buckets (to put an extreme case) would now diminish the number of those little casualties, as Sydney Smith sanguinely supposed, although the legislative remedy is simple enough. For three-fourths of railway accidents are due, directly or indirectly, to want of punctuality. To enforce a heavy fine for every delay in arrival, the cause of which had not been previously telegraphed, would soon make the companies keep better faith with the public, and so save many lives and much anxiety. There is no chance, however, of a comminuted bishop or a bruised senator to arouse official interference for the better protection of the immense numbers of persons riding in or upon omnibuses. In a general way, members of the Legislature do not patronize or know anything personally about omnibuses, except it be the *mors omnibus communis*. But as these conveyances pay upwards of £300,000 a year to Government in the form of duty, there must exist sufficient controlling power to enforce any necessary improvements. In *The Times* of December 28th appeared an advertisement concerning a lady who had been severely injured through the reckless manner in which omnibus passengers are often treated. There is scarcely a week passes without the occurrence of such accidents, and usually due to the same cause. Sometimes the sufferers are taken to hospitals; sometimes there is a police-court trial, with the usual evidence to prove that no one was to blame; most frequently, however, the cases are not made public, and therefore no surmise can be formed as to their frequency. But it is a wonder to every observant pedestrian that they are so few. Paterfamilias would deem it insanity to attempt clambering ten feet up the side of his house, with no other support than an occasional scraper driven into the wall, or with no other rest for the sole of his foot than an unsteady wheel; yet he mounts by such means to the tops of omnibuses, exposed to risk on the least restiveness of the horses, and having generally to cling like grim death to prevent a fall.

Again, the procedure of thrusting passengers, especially women with children in arms, into a narrow way, rendered complex by many legs, is sufficiently embarrassing without the *fare* one being compelled, in deference to the laws of gravity, to commit involuntary assaults on her fellow-travellers by the immediate starting of the horses.

But of all sources of danger to the public arising from omnibus traffic, none is so great as the reckless racing and competition daily witnessed between these unwieldy vehicles. The very essence of one particular kind of competitive opposition is, that an omnibus is ready to rush at and intimidate anyone wishing to get into another conveyance, undergoing the process which is technically known as "nursing,"—about the same care being taken of the lives of human beings that an Irish nurse would devote to the safety and comfort of fleas infesting her charge.

We cannot recount all the causes which endanger the safety of omnibus passengers, or from which accidents actually do arise, but will point out a few simple remedies:—Climbing by the wheels should no longer be permitted, front seats for passengers being entirely done away with; the top reached only by a safe gangway at the back, and high rails placed round the outside seats. No omnibus should be allowed to move whilst any passenger is standing on any part of it, half the fine for the offence going to the informer; and there should be stringently enforced police regulations to prevent racing or nursing, or other dangerous kind of competition.

These changes, with more roomy carriages, hung nearer the ground, as on the American system, would assuredly tend to ensure comfort and increase safety—the only requirements, since nobody rides in an omnibus for speed. With vehicles so changed for the better, we do not doubt that the traffic, gigantic as it is at present, would proportionally increase; and careful conductors would, like that extinct amphibious animal, the *remex jocundus*, or Jolly young Waterman, be "never in want of a fare."

ROOM FOR ALL.

THE recent initiation of a society destined to relieve the destitution of the poor by a wholly inexpensive machinery, which ensures the bestowal in alms and useful help of the whole sum subscribed, has met with some faint opposition, on the ground of the sufficiency of existing institutions, and the probability that this new association may divert into its coffers some part of the funds now much needed and well used by those already in prior operation. The special experience of medical practitioners, daily called upon to face the poverty and the consequent sickness of the millions, justifies an authoritative opinion to the contrary, and that on both these propositions. Probably a confirmation is hardly needed of the statement that the destitution and consequent preventible diseases of the miserably poor are such as to appal any heart which is not indurated by long familiarity with the painful scenes met with in the homes of the lower ten thousand. There lie before us the verdicts of three juries sitting at Coroners' inquisitions into deaths, apparently on the same day: in Shoreditch and in Marylebone we find two deaths "from the effects of cold and want of the necessaries of life;" while in a rural district, an unhappy tramp, taking shelter in a pigsty, was found, after some days, dead, and partly devoured by the pigs. The experience of all medical officers of hospitals will suffice to remove the fear that any one really useful and active benevolent association suffers by the establishment of another. So long as there is work to be done, and it is done—so long as there remain the poor to be helped and guided, the sick to be cured and nourished, the helpless to be supported, and the willing to be employed—and while actual work done can be shown to the public, contributions never fail. Fresh workers attract fresh sympathy. More workers compel a larger share of public attention, and elicit increased support to the labour of which they

make the necessity more widely perceived, and the benefits at once more extensive and more appreciated. When the sources of pauperism, of disease, and of crime are dried up, and the societies stand still for want of work, they may begin to fear a prospective deficiency of support, and discourage the formation of kindred associations. That is not our present state; looking forward into the future, we see no shadow of its approach.

AN OUTRAGE EXPIATED.

WE receive with pleasure documents from Naples, which announce that fitting reparation has been made to Dr. J. R. Wolfe, the correspondent of THE LANCET with the army of Garibaldi, for the infamous charges which were alleged against him by Signor Mario, and the serious annoyances to which he was in consequence subjected.

The *Nazionale* inserted a translation of our comments upon that scandalous outbreak of malice and fear against a man who boldly told the unpalatable truth, to the great benefit of the sick, and the great disgust of the administrators of the hospitals. In reply to that article, the *Nazionale* publishes an article, making the fitting apologies in a "semi-official communication." From that long article, recapitulating the good services, and regretting the temporary ill-requital, of Dr. Wolfe, we extract a few paragraphs:—

"Profoundly as we sympathize with the reclamations of our English contemporaries, we object to its being styled a 'Neapolitan outrage' (*oltraggio Napolitano*). God knows how many sins of our own we have to bear, so that we cannot afford to be made responsible for the iniquities of a Mazzinian sect which we repudiate. From evidences we have in hand, the case appears to be as follows:—

"We have examined all the certificates bearing upon the charge of Signor Alberto Mario, which establish beyond doubt, amongst other things—

"1. That Dr. Wolfe had not only been introduced to General Garibaldi as the correspondent of the Ladies' Committee, but that all his letters were submitted to the meeting, and the most important portions were published in the *Morning Post*.

"2. Colonel Trecchi (the Commandant of Garibaldi's staff), Colonel Bardane, and Major Vecchy (aides-de-camp of Garibaldi) certify that the General presented Dr. Wolfe, and recommended him as the sanitary officer of the staff, and that he made the whole campaign in that capacity, curing the sick and wounded officers; and General Cosenz certifies that he gave him commission to inspect and report upon the state of the military hospitals.

"3. With reference to the cargo of the *Sydney Hall*: it was duly received by Bertani's committee, and transmitted to Sicily on the 18th of August by the steam-ship *Independenza*. Eight of these boxes afterwards reached the hospitals of Naples, and five others were employed in the ambulanza of Milazzo; the rest are in other of the military depôts. Dr. Wolfe had never the least control over these goods from the moment that he consigned the bill of lading to Bertani.

"We need not assure the English public that Garibaldi had no part in that affair; his heart will be grieved when he hears the true statement of the case; and we trust that both Garibaldi and his representatives here will afford Dr. Wolfe full reparation, who not only wrought, but also suffered, in the good cause of our Italian liberty.

"We might insert here various documents highly honourable to Dr. Wolfe, but it is sufficient to adduce one from Garibaldi himself:—

"'Reggio, Calabria, August 21st, 1860.

"'Dr. Wolfe is authorized to enter the military hospitals, and to cure the wounded. Italy owes acknowledgment to this illustrious English patriot for his generous devotion to our sufferers. "'G. GARIBALDI.'"

THE BLUE EYE.

THE poetical and picturesque beauties of colour lose nothing of their interest from the investigations of science into their nature and cause. These researches only develop fresh sources of interest, and increase the reasons for admiration. In a recent lecture, Professor Tyndall digressed from the immediate subject of Alpine Phenomena, which he was considering, to refer to some instances of the action of light derived from the study of the colour of a blue eye, which was illustrated by reference to the colour of the heavens.

The gorgeous crimson of the western heavens and azure blue of the summer midday sky have been the subject of the researches of Newton, of Goethe, of Clausius, and Brücke. The blue of the firmament is due to reflected light, and the morning and evening red to transmitted light. The probable action of particles suspended in the atmosphere is illustrated by an experiment of Brücke. A solution of mastic in alcohol being dropped into water, the resin is precipitated. Light reflected by liquid containing these particles appears blue, whilst transmitted light appears yellow, and on increasing the precipitate deepens to orange, and finally becomes blood-red. Professor Forbes has made the interesting observation that steam at a certain stage of condensation is blue by reflected, and red by transmitted light. The same action is seen in the blue eye, in the colour of milk, and the juices of many plants.

THE ADULTERATION ACT.

THE St. Giles's District Board of Works is desirous of giving effect to this Act. It advertises for an analyst who will be content with the fees specified in the Act. These fees range from half-a-crown to ten shillings—sums which, in many cases, are quite inadequate to pay for the cost of materials required for the analyses. Professional time, skill, and responsibility are overlooked as of no consideration. The public virtue of the St. Giles's Board is great and commendable; but its too rigorous economy will, it is to be feared, neutralize its public virtue. The terms offered can hardly command anything better than an adulterated analyst.

SPECIAL HOSPITALS.

To the Editor of THE LANCET.

SIR,—A little misapprehension seems to exist in the minds of some as to the design and scope of a protest mainly directed against a small institution advertised as an "Hospital for Stone"—a protest which is well known to be more largely and unanimously signed by the leading members of the profession than any expression of opinion ever publicly emanating from them before.

To judge, not so much from the letter of Mr. Ikin (in THE LANCET of Dec. 22nd), with whose observations I quite agree, but from occasional remarks in other quarters, there are many persons who regard that protest as a movement against all special hospitals. Such a belief, however, is directly opposed to the construction and obvious intention of the document itself. So far from expressing antagonism to special hospitals, as such, the document carefully states, "that much detriment to the public and to the medical profession arises from the modern practice of opening small institutions, under the name of hospitals, for particular forms of disease, *in the treatment of which no other management, appliance, or attention is required* than is already supplied in the existing general hospitals."

The italics are obviously designed to show that there are marked exceptions, which probably it was considered by the authors unnecessary to indicate, although there was one institution about which there could be no hesitation or difference of opinion, and which they therefore did not fail to particularize—viz., the Hospital for Stone and Urinary Diseases.

I do not hesitate to believe that the great majority of those who concurred in that protest intended especially to exempt several hospitals devoted to certain forms of disease: those for women, for example; those, perhaps, for eye diseases, for consumption, for children; those for lunatics certainly, and probably others. It appears to me that in these institutions other "management, appliances, and attention are required than those already supplied in the existing general hospitals." Whether these latter will in future make special arrangements to supply the want, or might do so with advantage, is another question. At present they do not generally do so; but that they might so arrange in most cases, and with benefit to their medical schools, is, I think, incontestable.

It is quite clear that the main, almost the sole, intention of

that protest was to express a strong opinion as to the absolute non-existence of grounds for establishing an Hospital for Stone, and that any attempt to enlist for the promoters of that scheme the sympathy and co-operation of existing supporters of our really deserving special hospitals, by leading those gentlemen to suppose that they were included in the same category, is wholly unwarranted by the terms of the protest in question.

I am, Sir, your obedient servant,

Dec. 1860. F.R.C.S.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

I MENTIONED, some few weeks back, that M. Hatin (a leading Paris obstetrician) had very warmly urged upon the attention of the Academy of Medicine the propriety of suggesting some modification in the existing regulations regarding the performance of the Cæsarean operation, and had pointed out that the uterine section, in order to be of service to the child, should be undertaken early, and not delayed, as enacted by the present forensic statute, until twenty-four hours after the death of the mother. A case, in which the positive advantages of early surgical interference are clearly illustrated, occurred three weeks ago in the service of M. Boucher. A female, aged thirty-three, was admitted into the hospital St. Antoine, under the care of this practitioner. She presented all the signs of phthisis, and was, moreover, in the eighth month of her third pregnancy. In addition to the ordinary consumptive symptoms, there existed a grave complication—œdema of the larynx, with the characteristic hoarse, stifled, spasmodic cough, and dyspnœa. By the 1st of December, a week after the patient's entry, the attacks of suffocation, always nocturnal and of a periodical character, had increased in intensity to such an extent that death from asphyxia was on more than one occasion apprehended, and tracheotomy proposed, but, on reconsideration, deemed inadmissible, in consequence of the extensive pulmonary disorganization. Nevertheless, a fatal termination being considered as inevitable and impending, the house-surgeon was desired by M. Boucher to be prepared to perform the Cæsarean section for the preservation of the child in the event of the mother succumbing during his absence. Within forty-eight hours after the receipt of this order, the *interne* was summoned to the poor woman's bed-side, and found that life was already extinct. Hysterotomy was immediately resorted to, and within two minutes and a half of the time of the mother's death, a puny, ill-developed infant, of the female sex, and apparently of not more than seven months and a half, was withdrawn from the uterine cavity. Although up to the last day of the patient's life the movement of the child and the beating of the fœtal heart had been distinctly felt, neither the latter nor the umbilical cord gave any evidence of pulsation; the contact of the external air failed to excite the respiratory function, and the usual taxis of frictions and slapping were not more successful. No laryngeal tube being at hand, the *interne* had recourse to insufflation, mouth to mouth, and in ten minutes, under the combined influence of this and other means, amongst which the mustard bath was the most efficacious, the child began to move, breathe, and at length to cry. As soon as the movements of the heart were satisfactorily re-established, the section of the cord was effected, and ere long the infant took the breast of a wet nurse without difficulty, surviving twenty-one days, at the end of which time it succumbed during an attack of *muguet* (ulcerous stomatitis). The complete success (in as far as the post-mortem Cæsarean section is concerned) of such an operation as the foregoing, is quite sufficient to warrant M. Hatin's perseverance in his exertions to procure the revocation of the existing legal regulations in connexion with the subject.

An interesting memoir has been forwarded to the Academy of Sciences, by Dr. Guggenbühl, detailing several curious particulars relating to cretinism, and descriptive of the successful results obtained in the majority of cases at the Abendberg. According to the observations of the author, who is, perhaps, the greatest existing authority on the subject, the debased mental and physical condition, termed cretinism, consists in an affection of the cerebro-spinal system, attended by certain pathological changes, of various types, which produce irregular and defective development of the body, and obtuseness of the special senses or general intellectual faculties. The most frequently present of these pathological changes is *cerebral œdema*—a condition generally accompanied by the dilatation of the lateral ventricles by serous fluid, and, at a more advanced period, by softening of the convolutions. Up to the present moment microscopical examination has failed to detect any morbid modification or conversion of the brain tissues. Whilst, on the one hand, œdema of the cerebrum is the general rule, imperfect development of the brain, almost amounting to atrophy, is, on the other hand, occasionally, though rarely, noticed; also, and diminishing in the scale of frequency, hypertrophy of the cerebral structures, and even induration, have been remarked, but quite as exceptions to the generality of the rule. Although *the* pathognomonic symptom of cretinism is a general stupor of all the functions presided over by the cerebrum, nevertheless some isolated faculties are occasionally found to be well developed; and amongst the patients at the Abendberg are to be found some who possess astonishing powers of memory, or talent for music and drawing. The hereditary tendency to cretinism, although maintained by some observers, is denied by Dr. Guggenbühl, whose experience tends directly to prove that this morbid condition is exclusively a *local* phenomenon, fostered by the agency of certain exciting local causes; these causes affecting the constitution most powerfully during the first three years of life, and principally during the period of the first dentition; and producing at the same time hydrocephalus, rickets, or other scrofulous manifestations. The principle of the treatment which has proved so satisfactory at the Abendberg institution in the cure of this nervous cachexy is that of fortifying and educating the physical faculties before undertaking the mental training. Experience has taught that the *corpus sanum* must be a precursor of the *mens sana*, and nowhere better than in the case of the cretins has the old adage been verified. For this purpose, tepid aromatic baths, shampooing, cod-liver oil, iodide of iron, electrization, nutritious diet, and plenty of exercise in a healthy atmosphere, have been employed, and with the best results. The asylum for cretins should at one and the same time be an hospital and a school; workshops, agricultural pursuits, all should be included in the treatment, and each patient should be allowed to select a pursuit or a trade. So successful has this system proved, that its originator mentions that in all the cases committed to his care during the first six years of life he has been able to effect more or less complete cures, excepting those in which convulsions, always a grave complication in this malady, were present.

M. Demarquay, surgeon of the Municipal Maison de Santé, has lately made some experiments (more vivisections, alas!) in order to test the effects of the strangulation of a portion of intestine, by ligature, upon the natural temperature of the body. Out of eleven dogs in which various portions of the intestinal tube were thus strangulated, the normal temperature in seven was considerably lowered, and in four it was slightly increased, by the application of the ligature. When a portion of the bowel high up was strangulated, the decrease in heat was found to be more marked than when a coil of intestine in the vicinity of its terminal extremity was operated on. I have thus briefly referred to M. Demarquay's investigations, from the fact that the result might possibly aid in the localization of an obscure hernia or intussusception. If the collapse were extreme and the animal temperature unusually depressed, the strangulation might be traced to the duodenum or jejunum.

A report is current in well-informed medical circles that the creation of a new Chair of Pathology, to embrace the subject of Syphilis, is contemplated, with a view of course to the continuance of M. Ricord's invaluable clinical teaching. As, however, a proposition to the Government for the endowment of such a Professorship must necessarily emanate from the members of the Faculty in the first place, and as the feeling of this learned body towards M. Ricord is well known to be anything but amicable, the rumour appears improbable; and I give it to you, consequently, rather as gossip than news.

No less than two courses of lectures are going on at the present moment on the subject of Laryngoscopy: one given by Dr. Mandl at the Ecole Pratique, and forming part of his course on Lung Affections; the other exclusively on Maladies of the Larynx, by Dr. Moura, at a private amphitheatre in the Rue Larrey. We may expect shortly to have more light thrown upon that mysterious group of diseases huddled together under the title of "aphonia," and anticipate that as much progress will be made in the knowledge of laryngeal affections as has of late been effected in those of the eye or ear.

M. Masson, Professor of Physics at the Louis le Grand College, and an *agrégé* of the Faculty of Sciences, has recently died, at the age of fifty-four. He was one of the first to propose the application of electricity to the treatment of disease, and invented one of the most ingenious of all the medico-

electrical machines, which bears his name. Besides divers interesting and practical works on electricity, acoustics, and radiation of heat, M. Masson published, in collaboration with Prof. Longet, a work detailing "Experiments on the Voice, and on the Causes of the Production of Sound," which is highly spoken of by the adepts in that particular branch of science.

Paris, Dec. 31st, 1860.

THE LATE DR. RIGBY.

FOR nearly a century the name of "Rigby" has been worthily associated with the science of midwifery. The subject of the present notice, whose death we were so unexpectedly called upon to record at the moment of going to press last week, was the second of that name who obtained a deservedly high position and wide reputation in connexion with the obstetric department of the profession. The first Dr. Edward Rigby practised for many years at Norwich; and, besides other works, was the author of the well-known treatise "On the Uterine Hæmorrhage which precedes the Delivery of the full-grown Fœtus," a work which obtained at once an European notoriety, and gave to its author a position in the foremost rank of original thinkers and observers. The second of the same name and profession—the late Edward Rigby, M.D., F.R.C.P., F.L.S.—was a son of the first Dr. Rigby. He was, with a twin sister, born at Norwich, Aug. 1st, 1804. His mother was one of the ancient Palgrave family. As a child he was remarkable for his strong sense of duty—for application and perseverance in all his pursuits. He learned slowly, but had a most tenacious memory, and readily seized on what was essential and important. Between the ages of eight and ten, he was a daily pupil of the Rev. Wm. Drake, a clergyman of the established church; after which he was sent to the Grammar School at Norwich, where, under the charge of Dr. Valpy, he remained until the age of fifteen. Two of his greatest friends—the hero of Delhi, Sir Archdale Wilson, and the Rajah of Sarawak, Sir James Brooke—were amongst his school-fellows at Dr. Valpy's. After two years' residence with the Rev. James Layton, at Catfield, in Norfolk, who prepared a few pupils for the universities, he was entered by his father as a pupil at the Norfolk and Norwich Hospital. Two months only after this step had been taken the father died, and the son, then only seventeen years old, sustained a loss the extent of which he was, perhaps, hardly old enough to appreciate.

It is a circumstance worthy of remark, that the medical profession was not his choice. As a child he was passionately attached to the sea. When in his eighth year, he would sit for hours in his bed-room, at the house of an uncle who lived on the quay at Great Yarmouth, watching the ships in the river, examining their rigging until he made himself acquainted with every rope and spar. As he grew older this taste became evident in the occupation of his play hours, carving boats, rigging, ballasting, and sailing them. When fifteen, the late Admiral Sir Edward Parry, a nephew of the first Dr. Rigby, was staying with his uncle at Norwich, and his opinion being requested as to the advisability of allowing the young man to follow the strong bent of his inclinations, he urgently advised that the project should be given up. The advice thus given was acted upon, and the medical profession was the one selected.

After his father's death, he was entered at the University of Edinburgh, where the activity and energy of purpose which marked his character were shown in the manner in which he acquitted himself. He passed his examinations, and received the degree of Doctor of Medicine at the earliest possible period, on his twenty-first birth-day, 1825. After perfecting his anatomical knowledge by a short stay at Dublin, which at that time afforded peculiar facilities for dissection, in the autumn of 1826 he repaired to Berlin. At that capital he remained nearly a year, giving his attention almost exclusively to the study of midwifery. Doubtless the celebrity attained by the father in connexion with the obstetric department of his profession—a celebrity which during the course of his medical education he must have gradually learnt properly to estimate—was the circumstance which induced the son to follow in his father's footsteps. From Berlin he went to Heidelberg, and whilst on his road he had an opportunity, as he himself tells us, of reading, at Wurzburg, Naegelé's essay "On the Mechanism of Parturition." On arriving at Heidelberg, he at once began to investigate for himself at the Lying-in Hospital of that town the truth of the new doctrines therein propounded. The fame and reputation of the father, whose work on Uterine Hæmorrhage was well known in Germany, were for the son quite sufficient introduction to the celebrated Heidelberg Professor, who received him with open arms, and afforded him every opportunity of improving and perfecting his knowledge of midwifery, by calling him in to witness all his difficult cases. Returning to England, thoroughly conversant with the advanced views of the best German authorities on obstetrics, he became house-pupil at the Westminster Lying-in Hospital, and in the same year, 1829, published a translation of Naegelé's essay "On the Mechanism of Parturition," the subject which had been peculiarly his study when abroad. He was thus the means of introducing into this country a knowledge of an essential part of the true mechanism of labour. He became a second time house-pupil at the same Lying-in Hospital, in order to occupy his time profitably until sufficiently old to present himself at the College of Physicians. He passed his examination there in 1831, and in the same year was, on the removal of Dr. Ferguson to King's College, appointed joint lecturer with Dr. Ashburner on Midwifery at St. Thomas's Hospital. From this period he entered on practice as a physician-accoucheur, in which department of practice his experience, energy, and skill speedily acquired for him considerable success and reputation. He succeeded Dr. Gooch as physician to the Lying-in Hospital at which he had studied, and his connexion with this hospital subsisted until within two years of his decease.

In 1838, he married, and took a house in New-street, Spring-gardens, having in the year before been appointed lecturer on Midwifery at St. Bartholomew's Hospital, which office he continued to hold, latterly in conjunction with Dr. West, until the year 1851. In 1841, he obtained the important post of Examiner in Midwifery at the University of London on the retirement of Sir Charles (then Dr.) Locock. This office he only resigned a few months ago.

Dr. Rigby's first appearance as an author has already been noticed. In 1843, he published a second edition of Dr. William Hunter's "Anatomical Description of the Human Gravid Uterus," carefully annotated and illustrated. In 1844, some of the results of his observations and practice amongst the out-patients at St. Thomas's and St. Bartholomew's Hospitals were published, entitled "On Dysmenorrhœa and other Uterine Affections in connexion with Derangement of the Assimilating Functions." This work was, in his own words, an attempt to carry out in one class of diseases the practical application of those great laws in the animal economy which Dr. Prout had not long before so lucidly enunciated. In the same year was also published the well-known "System of Midwifery," which formed a part of Dr. Tweedie's "Library of Medicine." Of this work it is sufficient to say that for several years it has maintained its place as the best and most complete text-book on Midwifery in the English language. The great experience of its author as a teacher and practitioner of midwifery infused a practical character into this work—a circumstance which, added to its other great merits, at once secured for it a wide popularity. In the year 1857, Dr. Rigby published a work, entitled "On the Constitutional Treatment of Female Diseases," in which the close relations subsisting between general constitutional derangements and disorders of the generative organs were pointed out, and the *functional* origin of many of these latter conditions insisted on. A series of cases, illustrative of the author's views on this subject, had been twelve years previously published in the pages of a contemporary journal.

Dr. Rigby was at all times a firm and uncompromising opponent of an exclusively local treatment of uterine diseases; and he placed his chief reliance, in treating the disorders peculiar to females, upon constitutional measures. He followed Abernethy in directing his efforts rather to the removal of the conditions producing the symptoms, than to the treatment of the symptoms as such. He was very successful in applying his principles to practice in individual cases.

When the Obstetrical Society of London was about to be founded, its promoters applied to Dr. Rigby, who at once complied with their request that he would take upon himself the onerous duties of president. The great success which that Society has obtained must in great measure be attributed to the zeal, judgment, and ability with which Dr. Rigby directed the Society's proceedings. The hand of death only arrested the intention on the part of the Council of the Society to secure his well-appreciated services as president a year beyond the prescribed term of office—two years—which had just expired.

The geniality with which his general intercourse with the fellows of the Society was marked will not be easily forgotten, and in him the Society has sustained a great and irreparable loss.

Ardently attached to his professional pursuits, he hardly allowed himself a recreation. During thirty years' practice he scarcely took thirty days' holiday; and it is, doubtless, to this mainly that his premature decease must be ascribed. For more than a year previous to his death he had suffered from irritability of the bladder, for which there appeared to be no adequate cause. During the last autumn he, for the first time, took a complete holiday, and visited some relations in Russia. On his return, after six weeks' absence, he was in some respects improved in health; but shortly afterwards a gradual declination of health and strength became apparent. On December 22nd he became so much worse that there was from that time no hope of his recovery; and, on Dec. 27th, he expired at his residence in Berkeley-square, consciousness having been preserved unimpaired almost to the last.

The primary disease was found to be carcinoma of the bladder, the immediate cause of death being congestion of the lungs, and suppression of the renal secretion. His sufferings for the last few days were extreme; but his resolution and patience throughout were unflinching. Dr. Barrows and Mr. Skey, with several other medical friends, were unremitting in their attentions during his last moments. He leaves behind him three daughters, the fruit of two marriages.

Dr. Rigby had attained to a position in public estimation which might well be envied, and on which, as it was the result of long-continued, self-denying efforts of his own, he had every reason to congratulate himself. He was most exact, regular, and conscientious in the fulfilment of his professional duties. It was a frequent saying of his, that a thing must be either right or wrong, and he never admitted anything in the shape of a compromise. In him his family have to regret the loss of one ever considerate and indulgent. With him friendship imposed a sacred obligation, and those who were privileged to call themselves his friends will long remember his kindness of heart and his never-tiring disposition to serve them to the utmost of his ability.

But we should do scant justice to Dr. Rigby if we were to limit our praise to his strictly professional merits. He was one of those men, rare in any profession, who have the honest courage on all occasions to act according to the suggestions of their sense of right, regardless of personal worldly interests. Such men should be held in especial honour, for their virtues benefit society, not themselves. Dr. Rigby acted in this spirit throughout the dispute which ended in his resignation of the office of physician to the Westminster Lying-in Hospital. He saw the institution ravaged by puerperal fever. Observation proved to him that this desolating disease was due to the neglect of ventilation. He urged his views with a clearness and force that must have carried conviction to any unprejudiced minds. The Committee was stubborn. Women who sought charity received death. Dr. Rigby called in the medical officer of health of the district. The report of this gentleman confirmed the conclusions of the senior physician. But Dr. Rigby had committed an offence unpardonable in the eyes of a Committee: an irreparable breach was created between them. He resigned.* Such was his conduct through life. Guileless, yet resolute, his words were ever the true exponents of his thoughts. Men trusted him, and never repented of their trust. A great physician and a good man has passed from amongst us.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

DECEMBER 22ND, 1860.

THE College will, under its Charter, grant Licences (which are not to extend to make the Licentiates members of the Corporation) to persons who shall conform to the following Bye-laws:—

Every Candidate for the College licence (except in cases specially exempted) is required to produce satisfactory evidence to the following effect:—1. Of having attained the age of twenty-one years. 2. Of moral character. 3. Of having passed a preliminary examination in the subjects of general education. 4. Of having been registered as a medical student by one of the Bodies named in Schedule (A) of the Medical Act. 5. Of having been engaged in professional studies during four years, of which at least three years shall have been passed at a recognised medical school or schools, and of having attended to medical practice at a recognised hospital or hospitals, during two years of that period; six months to the Surgical practice, and six months to the clinical study of the Diseases of Women: the two latter may be attended concurrently with the attendance on Medical practice. 6. Of having studied the following subjects: Anatomy (with Dissections), during two winter sessions, of six months each; Physiology, ditto; Chemistry, six months; Practical Chemistry, Materia Medica, Practical Pharmacy, and Botany, three months each; Principles and Practice of Medicine, two winter sessions, of six months each—(it is desired that the study of the Principles and Practice of Medicine should comprise the study of the Principles of Public Health); Morbid Anatomy, six months, (or certified attendance in the post-mortem room during the period of clinical study); Clinical Medicine (by which is intended lectures on cases under observation, or special instruction at the bed-side, certified by the teacher), one winter and one summer session, or nine months; Principles and Practice of Surgery, six months; Midwifery and the Diseases of Women, three months—a certificate must also be produced of having attended not less than twenty labours; Forensic Medicine, three months. 7. Of having passed the Professional Examination.

THE PRELIMINARY EXAMINATION.

1. Every candidate for the College Licence (except in cases specially exempted) is required to have passed an examination by Examiners appointed by the College, on the following subjects:—English, Latin, English History, Modern Geography, Mathematics, and Natural Philosophy, or he shall produce testimonials satisfactory to the Examiners of his proficiency in those branches of knowledge; and he shall undergo an Examination in regard to any subject to which his testimonials do not extend. In the Preliminary Examination English will include English Grammar and Composition; Latin will include selections from one or more of the Classical Authors ordinarily read in schools; Mathematics will include the ordinary rules of Arithmetic, Vulgar and Decimal Fractions, Simple Equations, and the First Book of Euclid; Natural Philosophy will include Mechanics, Acoustics, Hydrostatics, Hydraulics, and Pneumatics, and Optics: such a knowledge of these subjects will be expected as may be obtained from attendance on a course of Lectures, or from Elementary Treatises on Physics, or Natural Philosophy.

2. The Preliminary Examination must be passed previous to, or in the course of, the first year of medical study; but in the case of candidates who shall have commenced the prescribed course of medical studies before the first day of October, 1861, the examination in General Education may be passed at any time before the examination for the licence.

3. Every candidate intending to present himself for the Preliminary Examination, must give 14 days' notice in writing to the Registrar of the College, and before he is admitted to the examination he must pay a fee of Two Guineas. Should he fail to pass the examination, the fee will not be returned, but he may be admitted to a subsequent Preliminary Examination without the payment of an additional fee.

4. The Preliminary Examination will take place during the last week in September, April, and July of each year, and the days and hours of the examination may be learnt on application at the College.

5. A candidate who shall fail to pass the examination will not be re-admitted to examination until after the lapse of six months.

6. Testimonials of proficiency granted by the National Educational Bodies according to the following list, with such additions as may from time to time be made, will be accepted by the Examiners as satisfactory, in lieu of the Preliminary Examination conducted at the College:—A Degree in Arts of any University of the United Kingdom, of the Colonies, or of such other Universities as may be specially recognised, from time to time, by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle Class Examinations, Senior and Junior; Cambridge Middle Class Examinations, Senior and Junior; Durham Middle Class Senior Examination; Dublin University Entrance Examination; an Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford or Cambridge; an Examination established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the Medical Council.

* For a history of this affair, see THE LANCET of the time.

THE PROFESSIONAL EXAMINATION.

1. Students preparing for the Examination for the Licence are required either to register at this College, within fourteen days from the commencement of each Session, or to furnish proof, before admission to examination, of having been thus registered by one of the bodies named in Schedule (A) of the Medical Act.

2. Every candidate for the College Licence is required to give proof, under examination, of his proficiency in the science and practice of medicine and midwifery. The examination will be divided into two parts. The first will comprise Anatomy and Physiology, Chemistry, Materia Medica, and Practical Pharmacy, to be undergone after the termination of the second Winter Session of study at a recognised medical school. The second part will comprise Midwifery and the Diseases of Women, Principles and Practice of Medicine, and Forensic Medicine, to be undergone after an interval of at least eighteen months from the first examination, except in the case of students who have commenced their professional education before October, 1861. The examinations will be conducted in writing as well as *viva voce*, and the candidate's knowledge of practical medicine will be tested by requiring him to examine persons labouring under disease, either at the College or in the wards of a hospital.

3. Any candidate being a Member of one of the Royal Colleges of Surgeons of Great Britain or Ireland, will be exempted from examination in Descriptive Anatomy.

4. Every candidate must give fourteen days' notice in writing to the Registrar of the College of his intention to present himself for examination, and before he is admitted to the first part of the Professional Examination he must pay a fee of five guineas, and before he is admitted to the second part of the Professional Examination he must pay a fee of ten guineas. Should he fail to pass either examination, the fee will not be returned, but he may be admitted to a subsequent examination, as the case may be, without the payment of an additional fee. The days and hours of the examinations may be learned on application at the College.

5. A candidate who shall fail to pass either of these examinations shall not be re-admitted to examination until after the lapse of six months.

6. All certificates and testimonials required by the preceding regulations must be left with the Registrar of the College, at least fourteen days before the day of examination.

7. Any "registered medical practitioner" whose qualification or qualifications shall have been obtained before the first day of January, 1861, having been, with the consent of the College, admitted a candidate for the licence, will be examined on the Principles and Practice of Medicine and Midwifery; but he will be exempted from such other parts of the examination hereinbefore described, as his qualifications may seem to the Examiners to justify.

8. Licentiates of this College shall not compound or dispense medicines except for patients under their own care.

9. No Licentiate of the College shall use, for the sake of gain, any remedy which he keeps secret.

10. No Licentiate of the College shall assume the title of Doctor of Medicine, or use any other name, title, designation, or distinction implying that he is a Graduate in Medicine of an University, unless he be a Graduate in Medicine of an University.

11. No Licentiate of this College shall, by virtue of his licence, represent himself as being a Fellow or Member of a College of Physicians.

12. No Licentiate of the College shall accuse another legally-qualified medical practitioner of ignorance of his art, or publicly, or before witnesses not lawful judges in the matter, stigmatize him with opprobrious terms; or officiously, or under colour of a benevolent purpose, offer medical aid to, or prescribe for any patient whom he knows to be under the care of another legally-qualified practitioner.

13. If it shall at any time hereafter appear, or be made known to the President and Censors, that any Licentiate of the College has obtained his licence by fraud, false statement, or imposition, or has been guilty of any crime, or public immorality, or has acted in any respect in a dishonourable or unprofessional manner, or has violated any bye-law, rule, or regulation of the College, relating to Licentiates, the President and Censors may call the Licentiate so offending before the Censors' Board, and having investigated the case, may admonish, or reprimand, or inflict a fine not exceeding £10; or, if they deem the case of sufficient importance, may report the case to the College, and thereupon a majority of two-thirds of the Fellows present at a meeting of the Fellows, which must be specially summoned for that purpose, may declare such Licentiate to be no longer a Licentiate, and his licence shall be revoked or withdrawn, and he shall forfeit all the rights and privileges which he does or may enjoy as a Licentiate, and his name shall be expunged from the list of Licentiates accordingly.

14. Every candidate, before receiving the College Licence, shall be required to pledge himself by subscribing his name to the following words:—"*I faithfully promise to observe and obey the Statutes and Bye-Laws of the College relating to Licentiates, and to submit to such penalties as may be lawfully imposed for any neglect or infringement of them.*"

15. Each Licentiate shall have the following form of Licence given to him, under the Seal of the College, signed by the President and by the Examiners:—"*I, A. B., [Doctor of Medicine and] President of the Royal College of Physicians of London, with the consent of the Fellows of the said College, have, under the authority given to us by Royal Charter, granted to C. D., who has satisfied the College of his proficiency in the science and practice of Medicine and Midwifery, our Licence under the said Charter, to practise Physic, so long as he shall continue to obey the Statutes and Bye-Laws of the College relating to Licentiates: in witness whereof, we have this day set our Seal and Signature. Dated at the College, the —— day of —— in the year of our Lord ——.*"

(*Signed*) ———— *President.*

———— } *Examiners.*

———— }

N.B.—This document shall be signed by the Licentiate with his usual signature, and by the Registrar with the following words:—"*I certify that C. D., to whom this Licence has been granted by the College, and whose signature is subjoined, has been duly admitted to practise Physic, as a Licentiate of the College.*

———— *Licentiate.*

———— *Registrar.*

16. The fee for the Licence to practise Physic as a Licentiate shall be fifteen guineas, exclusive of stamp duty.

Medical News.

ROYAL SOCIETY.—The President, Sir Benjamin Brodie, has appointed the following gentlemen Vice-Presidents for the ensuing year:—General Sabine, Sir John Boileau, Bart., Thomas Graham, Esq., and Sir Henry Holland, Bart.

APPOINTMENTS.—Mr. Henry Lewis Harper, formerly of St. Luke's Hospital, has just been elected one of the medical officers of the County Lunatic Asylum at Chester.

Mr. W. F. Teevan, F.R.C.S., to be Surgeon to the Royal South London Dispensary.

PATHOLOGICAL SOCIETY.—Dr. Copland has been elected President of this Society for the ensuing session. The appointment is not less honourable to the great medical author than to the Society. The election is still more striking from the fact that Dr. Copland's name was substituted by the fellows at large in place of another which was on the list.

MEASLES AN AFFAIR OF STATE.—The royal family of Saxony have been suffering with measles. The King, the Queen and the Prince Royal have all been affected, and the State has been ruled by the Council of Ministers *ad interim*.

AT the last sitting of the French Academy of Sciences M. Longet was elected, by ballot, a member of the section of Anatomy, in the room of M. Duméril, deceased.

THE ROMAN BATH.—We are glad to learn that a company will shortly be registered for re-establishing the ancient Roman or hot-air bath in the metropolis. This description of bath is said to be an improvement on the so-called Turkish bath; and as the promoters intend to consult the opinions of the profession in regard to the temperature of the sudatorium, we may hope to hear no more of the injurious consequences which have arisen from the indiscriminate use of hot air raised to 120° and even to 180° Fahr.

DROGHEDA CORPORATION.—ELECTION OF CORONER.—At a late meeting of the Corporation, Mr. Fulham, Surgeon, was elected Coroner, pursuant to the provisions of the Act 23 and 24 Vict., cap. 87.

FORAGING THE HORSES OF MEDICAL PRACTITIONERS.—A great towns, the comfort, and often the efficiency, of the medical practitioner, to whom ubiquity is almost necessary, are greatly influenced by the perfections of his arrangements for transport. M. Bandrowski, corn-dealer, of Little Pulteney-street, Golden-square, puts forth a proposition which probably, on this head, deserves serious consideration. He undertakes to forage the horses of medical men by contract, without risk or trouble, for a moderate weekly payment, which certainly would not more than cover the necessary expenditure without his intervention to save all trouble, imposition, and loss of time.

INSOLVENT DEBTORS' COURT, JAN. 1ST. — RE JOHN OSTERFIELD WRAY.—This insolvent, who, under the name of "Dr. Henry," had traded as a vendor of patent medicines, in Dorset-street, Marylebone, again appeared. On a former occasion a young man named Marriott opposed, and the Court held that the debt had been fraudulently contracted, as Marriott believed he was a qualified medical man. It was now stated by the insolvent's attorney that Marriott had been settled with since the hearing. Mr. Commissioner Nichols said he knew nothing of any settlement. The case had been adjourned, without protection, to amend the description, and it would now be adjourned *sine die*.

TOBACCO-SMOKING. — The consumption of tobacco increases in France. Recent returns show that between 1836 and 1840 the consumption was 470 grammes per head; between 1840 and 1845, 500 grammes; 1845 and 1850, 525 grammes; 1850 and 1855, 600 grammes; and between 1855 and 1860, 700 grammes. The gramme is equal to 15·432 English grains. Can the advocates of tobacco-smoking show that *pari passu* with this advancing consumption, the population of France progresses in physical and moral excellence, and in political and social improvement? It is said that, numerically, the population does not advance—a circumstance of serious import in the history of a nation.

EXTRAORDINARY LONGEVITY.—The obituary in "The Times" of New Year's-day, records, in a long list, the deaths of seven ladies and five gentlemen whose united ages amounted to 1031 years, being an average of eighty-five years and eleven months each. The eldest of these was a gentleman aged ninety-six; and the youngest, another aged seventy-eight.

THE MEDICAL STATISTICS OF THE HOSPITALS OF PARIS.—This important improvement has just been the subject of an elaborate report of M. Tardieu. The learned reporter states his opinion that the statistics should be furnished under the following heads:—1. Practice of physic. 2. Surgery. 3. Midwifery. 4. Venereal diseases.

1st. The report on the practice of physic shall be divided into four sections:—1. Diagnosis. 2. Onset of the disease and state on admission. 3. Intercurrent complications. 4. Results and state of the patient on his discharge. A few subsections may be added.

2nd. Surgery will be reported in the same manner as above, adding, if necessary, information about operations; the date of the performance; their nature; exact region; the method of operation adopted; the use of anæsthetics; the symptoms following the operations; and the operative measures previously undertaken.

3rd. Midwifery. Here should be given:—1. Information respecting the conformation of the pelvis, previous confinements, and menstruation. 2. Information respecting gestation, last menses, and symptoms complicating gestation. 3. Details respecting labour, rupture of membranes, presentation, artificial or natural delivery, and duration of labour; simple or complicated delivery; accidents during labour. 4. The results of regular or complicated labours. 5. Short statements respecting the child.

4th. Venereal diseases:—1. The diagnosis should embrace the nature, the region, and the form of the affection. 2. Date of the onset of stage of the disease. 3. Previous venereal complaints, such as gonorrhœa, chancres, or other phenomena. 4. Treatment previously employed. 5. Operations.

The remainder of the reports may be altogether similar to those referring to the practice of physic.

LADIES AT THE ETHNOLOGICAL SOCIETY.—The Ethnological Society of London met on the evening of Wednesday to discuss a paper "On the Esquimaux," by Captain Belcher, R.N., C.B. For the first time, ladies were admitted to the meeting. There is something of refined sarcasm, perhaps, in the admission of European ladies to a meeting for discussion, at which they are expected to play the parts only of acquiescent hearers, or dumb ornaments, when the subject for discussion relates to the savage tribes. The female members have long since learnt to fill the rôle of mute acquiescence.

BOOKS ETC. RECEIVED.

A System of Surgery. Edited by Mr. Holmes. Vol. I.
Mr. Thornbury's Turkish Life and Character. 2 vols.
Mr. Welby on Life, Death, and Futurity.
The Oyster.
Mr. Collins on the Movement Cure.
Dr. Rainy on the Ophthalmoscope.
Mr. Lund on the Art of Medicine.
Dr. Godet's Bermuda.
Dr. Shortt on the Culture and Manufacture of Indigo.
Dr. Beale's Archives of Medicine.
Dr. Greenhow on Diphtheria.
Mr. Hopkins on Winds and Storms.
Mr. T. Weeden Cooke on Gonorrhœa and Gleet.
Dr. Todd's Clinical Lectures.
Mr. Morton's Toxicological Chart.
Journal de la Physiologie.
Report of St. Mark's Eye and Ear Hospital.
Half-yearly Abstract of the Medical Sciences. July to Dec.
Westminster Review.
Journal of Mental Science.
Quarterly Journal of Microscopical Science.
British and Foreign Medico-Chirurgical Review.
Medical and Surgical Reporter.
Edinburgh Veterinary Review.
North American Medico-Chirurgical Review.
The Levant Quarterly Review.
Medical Critic.
British Journal of Dental Science.
American Medical Times.
Pharmaceutical Journal.
Chemical News.

Births, Marriages, and Deaths.

BIRTHS.

On the 1st ult., at Sussex-terrace, Old Brompton, the wife of Alex. Burn, M.D., Surgeon-Major, Bombay Army, of a son.

On the 24th ult., the wife of J. Wickham Barnes, Esq., Surgeon, Islington, of a daughter, prematurely.

On the 25th ult., at Lympston, Devon, the widow of the late J. B. F. Atwell, Esq., M.R.C.S., of a daughter.

On the 26th ult., at Peckham-rye, the wife of Thos. Morris, M.D., of a son.

MARRIAGES.

At St. Mary's, Bryanstone-square, Wm. Woods Harding, Esq., M.R.C.S., Hon. Surgeon to the 14th Corps Kent Artillery Volunteers, of North Kent-terrace, Woolwich, to Susanna, youngest daughter of the late George Parris, Esq., of Limerick.

On the 18th ult., at Betherden, Kent, Henry Miles Atkinson, Esq., of Leeds, to Matilda, youngest daughter of the late John Atkinson, Esq., M.R.C.S., of Leeds.

DEATHS.

On the 18th ult., suddenly, at Bradford, of disease of the heart, Wm. Ruddock, Esq., M.R.C.S., of Doncaster, aged 45.

On the 19th ult., at Bath-row, of apoplexy, M. F. L. Andrews, M.D., Physician to the Queen's Hospital, and Professor of Physiology, Queen's College, Birmingham.

On the 22nd ult., at Lime-villas, Lewisham, W. H. Cooke, Esq., M.R.C.S., formerly of York-road, Lambeth, aged 72.

On the 23rd ult., at Lymington, Hants, Charles Fluder, M.D., aged 55.

On the 24th ult., at Darton-street, Gloucester, H. R. Graves, Esq., M.R.C.S., aged 23.

On Christmas eve, suddenly, at Rutland-street, Edinburgh, aged 7 years, Edmund Robert, eldest son of Thomas Laycock, M.D., Professor of the Practice of Medicine in the University of Edinburgh.

On Christmas-day, at Cavendish Hall, Suffolk, Sam. Tyssen Yelloly, Esq., son of the late John Yelloly, M.D.

On the 29th ult., at North Walsham, Norfolk, John Celeby, Esq., M.R.C.S.

MEDICAL DIARY OF THE WEEK.

MONDAY, JAN. 7
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Milroy, "On the Influence of Contagion on the Rise and Spread of Epidemic Diseases."
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Edw. Smith, "On the Action of Alcohol in the Treatment of Disease."

TUESDAY, JAN. 8
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON. — 8½ P.M. Conclusion of Mr. Milton's paper "On Eczema." — Mr. John Wood, "On Extraction of Stone from the Bladder by Urethrotomy and Dilatation of the Prostate by an Expanding Staff."

WEDNESDAY, JAN. 9
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- NORTH LONDON MEDICAL SOCIETY. — 8 P.M. Officers proposed for Election.
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, JAN. 10
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.

FRIDAY, JAN. 11
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, JAN. 12
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

Dr. Duigan, (Gainsborough.)—We congratulate Dr. Duigan on the result of his action. He was equitably and, as was proved, legally entitled to his charge for attendance. The evidence is somewhat conflicting; but no ground of a charge of malapraxis was, or could be, substantiated against Dr. Duigan, who appears to have conducted the case with skill and ability. The publication of the trial or the report of the case would be attended by no beneficial result. Dr. Duigan very properly retired when the patient was placed under the care of other "practitioners," and is in no way responsible for any mischief which might result. It must be remembered that Mr. Skey's evidence had reference merely to the condition of the patient when he was called to see him, and did not appear to cast any reflection on Dr. Duigan. Cases of this kind are always of a painful character, and often place honourable men in a position which at the first glance appears equivocal; but, on full inquiry, justice is done. Dr. Duigan justly holds a highly respectable position in his profession, and we think he may rest satisfied with the result of the late proceedings.

M.D., (Brighton.)—There can be no question that the town will be benefited, and we hope "cleansed" through the correspondence that has recently taken place in the columns of this journal. The insertion of "M.D.'s" note would not effect any good at the present time.

Mr. MacDowall's (Tobago) interesting cases of "Tetanus in Central America" shall appear in an early number.

W. J.—The following are the rules which apply to the duties of the medical officer in respect to lunatic paupers, and are extracted from Mr. Lumley's Manual:—

"These duties are twofold. First, the making returns and giving information to the proper authorities respecting their condition; secondly, the causing these paupers to be brought before justices to be removed to proper asylums.

"These duties are expressed in the statute 16 & 17 Vict., c. 97. First, as to the returns.

"Sect. 66 enacts, that every pauper lunatic, not in an asylum or an hospital registered, or a house licensed for the reception of lunatics, shall be visited once in every quarter of a year (reckoning the several quarters of the year as ending on the 31st day of March, the 30th day of June, the 30th day of September, and the 31st day of December) by the medical officer of or for the parish or union, or district of a parish or union, in which such lunatic is resident; and such medical officer shall be paid the sum of 2*s.* 6*d.* for each such quarterly visit to any pauper not being in a workhouse, which sum shall be paid by the same persons and be charged to the same account as the relief of such pauper."

These do not meet the case exactly; but it is usual to appoint some practitioner, *not* a union surgeon, to examine and give certificates in cases of lunacy in paupers, for which he is paid by the union.

R. C. A.—Registration is not absolutely necessary, but is certainly advisable. Some change must soon take place respecting the privileges in question.

W. J. G.—1. He can refuse; but it would be most ungracious, and almost unprecedented.—2. Yes.—3. It can be refused.—4. The friends must give notice to the registrar.—5. The law applies equally in town and country.—6. Registration of birth is not compulsory; but the registrar can demand information if he apply for it in the proper quarter.

M.D.—If the contract can be proved, the fee can be recovered; but it is not advisable to proceed at law in such a case.

M.R.C.S. Eng., (Durham.)—1. Not according to the provisions of the Medical Act.—2. No; he can only register his qualifications.

R. W., (Stratford.)—It is curable.

A Subscriber.—Such disgraceful advertisements are unfortunately too common.

NON-PAYMENT OF MEDICAL WITNESSES AT POLICE COURTS.

To the Editor of THE LANCET.

SIR,—In reference to the leading article in your Journal of the 18th ultimo on the question of Non-payment of Medical Witnesses at Police Courts when there is no conviction, as well as the inadequate payment when there is, I beg to direct your attention to a memorial upon the same subject, which was also but unanimously signed by the medical gentlemen of this town, and transmitted to the Lords of her Majesty's Treasury, a copy of which will be found in THE LANCET of September, 1860, with the reply of Mr. Arbuthnot. It is a gross injustice, of long existence, and ought to have an immediate remedy.

Yours most respectfully,

Nottingham, January, 1861. I. MASSEY, M.D.

*** The memorial forwarded from Nottingham had not escaped our recollection. If such memorials were to be generally adopted and transmitted to the proper quarter, the system of injustice with respect to the attendance of medical witnesses at police courts would soon be at an end.—ED. L.

An Intending Candidate.—1. No separate regulations have been framed by the India House authorities for the Medical Department of the Indian Army.—2. The information will be found in any work on Agricultural Chemistry.

Mr. Broadbent's "Case of Aneurism of the Arteria Innominata, in which the Carotid Artery was tied," shall shortly appear.

A Member.—The facts were already known to us. At the proper time we shall not fail to notice the matter.

Medicus, (Bristol.)—The Act as at present framed would not prevent the person practising as a surgeon.

Mr. Ancell Ball is thanked for the suggestion. It shall be adopted.

PROFESSIONAL ADVERTISEMENTS.

To the Editor of THE LANCET.

SIR,—Will you or any of your numerous readers be good enough to find a name for the proceedings of this gentleman, whose advertisement, which I enclose, has appeared almost daily of late in the *Jersey Independent*, from which this is taken. The concluding sentence of the last paragraph is admirable.

Your obedient servant,

Jersey, January, 1861. ZENO.

"MEDICAL.—Mr. Blennerhassett, Member of the Royal College of Surgeons, England; Licentiate of Midwifery, and formerly Resident Medical Officer to the Anglesea Lying-in Hospital, Dublin; registered in London, and also in the rolls of the Royal Court of Jersey, late of South Belgravia, London, may be consulted daily at his residence, 72, New-street, St. Helier.

"Private consultations as usual. Rheumatism most successfully treated by a new method."

A CORRESPONDENT says—"Some writings of Sr. Ephraim, which were for a long time almost entirely illegible, have within the last few years been rendered distinct by some chemical process. The agent employed was the 'tinctura Globertina.' What is this tincture? Of course the nature of such an agent must be modified by the composition of the ink in which the MSS. were written. This particular agent has, however, received a distinct name, so that I am not without hopes that you may be enabled to give me, through your pages, some idea of its nature and composition."

Certificates of Vaccination.—Instead of to "a recognised station in London," as inserted in our last, it ought to have been that the candidate should make application to Mr. Marson, &c.

THE following articles, already in type, we are compelled to postpone until next week:—Dr. Wright's "Case of Poisoning by Sir W. Burnett's Solution of Chloride of Zinc;" Dr. Tilt on the "Antiphlogistic Treatment of Uterine Inflammation;" Sir J. Scott Lillie on "Vivisectional Cruelties;" Dr. Gavin Milroy on "Quarantine;" Mrs. Baines on "Infant Alimentation;" the Report of the Western Medical and Surgical Society; a "Case of Tetanus treated by Opium" at the Newark Hospital; &c. &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. W. Bryant; Mr. Kiallmark; Dr. Massey; Mr. Harding; Mr. J. Broadbent, Manchester; Dr. J. Duigan, Gainsborough; Mr. Henry Thompson; Mr. M'Leay; Dr. M'William; Mr. H. Taylor; Dr. Wright; Mr. Solly; Dr. Basham; Dr. Tilt; Mr. Edmunds; Sir John Scott Lillie; Mr. Geo. Selwyn Morris; Dr. Kidd; Dr. A. Campbell, Oban, (with enclosure;) Dr. Kernot, Poplar, (with enclosure;) Dr. Baxter, Tollesbunt d'Arcy, (with enclosure;) Mr. W. B. Smith, (with enclosure;) Mr. E. M. Fitzgerald, Cork, (with enclosure;) Mr. E. Pratt, Cardiff, (with enclosure;) Mr. H. Bell, Cockermouth, (with enclosure;) Mr. F. Hatton, (with enclosure;) Dr. Allshorn, Edinburgh, (with enclosure;) Dr. Ashton, Stockport, (with enclosure;) Mr. S. Trash, Oxford, (with enclosure;) Mr. R. Mogginson, (with enclosure;) Dr. Niblett, (with enclosure;) Dr. Robb, Aberdeen, (with enclosure;) Mr. J. S. Merrell, (with enclosure;) Dr. MacDowall, (with enclosure;) Dr. Moseley, Dalchall, (with enclosure;) Mr. R. Hollings, Wakefield, (with enclosure;) Mr. C. Soloman, Peckham, (with enclosure;) Mr. L. Winterbotham, Cheltenham, (with enclosure;) W., Wragby, (with enclosure;) G. S. N., (with enclosure;) A Subscriber; E. C. A.; M.R.C.S. Eng.; A Member; Medicus; M.D.; &c. &c.

VOLUME TIGHTLY BOUND